



**CITY OF SCOTTSBLUFF
2525 Circle Drive, Scottsbluff, NE 69361
LIQUOR LICENSE HOLDERS INVESTIGATORY BOARD AGENDA**

**Regular Meeting
April 3, 2024
2:00 PM**

1. **Roll Call - Russ Knight, Chairman; Kelli Larson; Andrea Margheim; Matt Huck; Libby Stobel; Emily Norman; Kevin Spencer; Kim Wright**
2. **For public information, a copy of the Nebraska Open Meetings Act is posted in the back of the room on the south wall.**
3. **Call meeting to order - Chairman Russ Knight**
4. **Notice of changes in the agenda.** (Additions may not be made to this agenda less than 24 hours before the beginning of the meeting unless added under item 3 of this agenda.)
5. **Approve the February 21, 2024 Regular Meeting Minutes**
 - a) February 21, 2024 Regular Meeting Minutes
6. **New Liquor License Applications**
 - a)
Class D Application, Legacy Cooperative d/b/a Northgate Ampride, 3302 Ave. B, Scottsbluff, NE; Jason Rupp, Manager
 - b)
Class CK Application, Legacy Cooperative d/b/a Main Street Market Wine & Spirits, 401 S. Beltline Hwy W., Scottsbluff; Eric King, Manager.
7. **Other Business**
8. **Adjournment**

City of Scottsbluff, Nebraska

Wednesday, April 3, 2024

Regular Meeting

Item 5.a

February 21, 2024 Regular Meeting Minutes

Staff Contact: Kimberley Wright

City of Scottsbluff
Liquor License Holders Investigatory Board
Regular Meeting
February 21, 2024 – 2:00 p.m.

The City of Scottsbluff Liquor License Holders Investigatory Board met in a regular meeting on Wednesday, February 21, 2024 at 2:00 p.m. in the Meeting Room of City Hall, 2525 Circle Drive, Scottsbluff. A notice of the meeting had been published on January 6, 2024 in the Star Herald, a newspaper published and of general circulation in the city. The notice stated the date, hour and place of the meeting, that the meeting would be open to the public. That anyone with a disability desiring reasonable accommodation to attend the meeting should contact the city clerk's office, and that an agenda of the meeting kept continuously current was available for public inspection at the office of the city clerk in City Hall; provided, the committee could modify the agenda at the meeting if it determined that an emergency so required. A similar notice, together with a copy of the agenda, also had been delivered to each committee member.

1. Roll Call - The following Board Members were present: Andrea Margheim, Vice-Chairman, Kevin Spencer, Police Chief/City Manager; Kim Wright, City Clerk; Libby Stobel, City Attorney, Matt Huck, Scottsbluff Public Schools. Absent: Russ Knight, Chairman, Kelli Larson, Panhandle Prevention Coalition, Emily Norman, WNCC.
2. Open Meeting Act – Vice-Chairman Margheim welcomed everyone in attendance and informed those in attendance that a copy of the Nebraska Open Meetings Act is posted on the west wall for the public's review.
3. Call Meeting to Order - The meeting was called to order and Wright recorded the proceedings.
4. Changes or additions to the agenda – None.
5. Approve the January 10, 2024 Regular Meeting Minutes – Motion by Spencer, second by Huck to approve the January 10, 2024 Regular Meeting Minutes, motion passed unanimously.
6. New Application.

- a. Ms. Katlyn Massey, Leah Massey and Trevor Massey were present to answer questions regarding the Class YK and Class I Liquor License Applications for Papa Moon Vineyards & Winery, LLC d/b/a Papa Moon Ciders, 3109 Ave. B, Scottsbluff, NE.

Police Chief Spencer asked the Masseys what their experience is in the alcohol industry. Katlynn Massey explained in 2012 they opened the Papa Moon Vineyards & Winery north of Scottsbluff. They started making wine out of grapes grown on the property. That soon grew to ciders which is an apple-based and meade which is a honey based.

Mr. Spencer asked what procedures are in place to prevent under age drinking. Ms. Massey stated they will card everyone who orders alcohol and each server will have a handheld that they will scan the ID bar code with. They will also have ID books

available to look at that contain the ID's of each state. In addition, all employees will be required to take Etips training and they do have a training scheduled for Saturday.

Ms. Massey also commented they have cameras located throughout the building at each entrance and exit and all cameras record. Trevor Massey will do all the inventory and ordering and the alcohol will be served in taps up front, with the actual alcohol located in a room behind that is locked with a keypad. They will sale some beer on tap which will be brought in and located in a small refrigerator by the bar. They plan on selling no hard liquor. The business hours will be Wednesday-Saturday 11:00 a.m. to 10:00 p.m.

When asked what would happen if alcohol was sold to a minor, Ms. Massey explained all employees would be retrained.

After discussion, Committee Member Huck moved, seconded by Committee Member Margheim to send positive recommendations to Council regarding the Class YK and Class I Liquor Licenses for Papa Moon Vineyards & Winery, LLC d/b/a Papa Moon Ciders, 3109 Ave B. Scottsbluff; Ryan Massey, Manager. Motion passed unanimously.

There was no other business presented. The meeting adjourned at 2:19 p.m.

Andrea Margheim, Vice- Chairman

Kim Wright, Secretary

City of Scottsbluff, Nebraska

Wednesday, April 3, 2024

Regular Meeting

Item 6.a

Class D Application, Legacy Cooperative d/b/a Northgate Ampride, 3302 Ave. B, Scottsbluff, NE; Jason Rupp, Manager

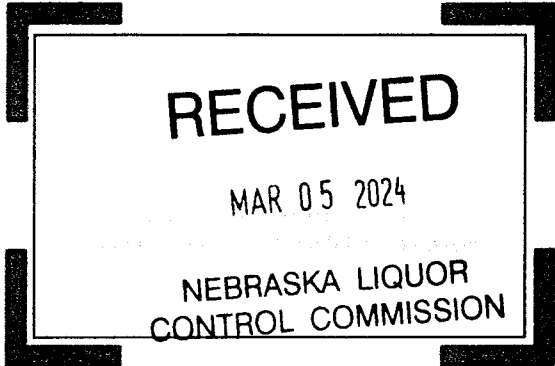
Staff Contact: Kimberley Wright

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:
126326



Office Use Only

NEW REPLACING 17821 TOP Yes / No
Hot List Yes / No Initial: HJ

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 Legacy Cooperative

TRADE (DBA) NAME Northgate Ampride

PREVIOUS TRADE (DBA) NAME _____

CONTACT NAME AND PHONE NUMBER Charles Wright (308) 778-6965

CONTACT EMAIL ADDRESS cwright@panhandlecoop.com

Office use only	
PAYMENT TYPE <u>Payroll</u>	
AMOUNT <u>\$400</u> RCPT	
RECEIVED: <u>2/15/24</u>	
DATE DEPOSITED _____	

FORM 100
REV 12/7/2022
PAGE 1

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.

**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S) Application Fee \$400 (nonrefundable)
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

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- 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 OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)

Name _____ Phone Number _____

Firm Name _____

Email address _____

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

PREMISES INFORMATION

Trade Name (doing business as) Northgate Ampride

Street Address 3302 Ave B

City Scottsbluff County Scotts Bluff - 21 Zip Code 69361 - 4365

Premises Telephone number (308) 635-3302

Business e-mail address jrupp@panhandlecoop.com

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

MAILING ADDRESS (where you want to receive mail from the Commission)

Check if same as premises

Name Legacy Cooperative

Street Address PO Box 2188

City Scottsbluff State NE Zip Code 69363 - 2188

DESCRIPTION AND DIAGRAM OF THE AREA TO BE LICENSED

IN THE SPACE PROVIDED BELOW DRAW OR ATTACH A DIAGRAM 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 80 in feet

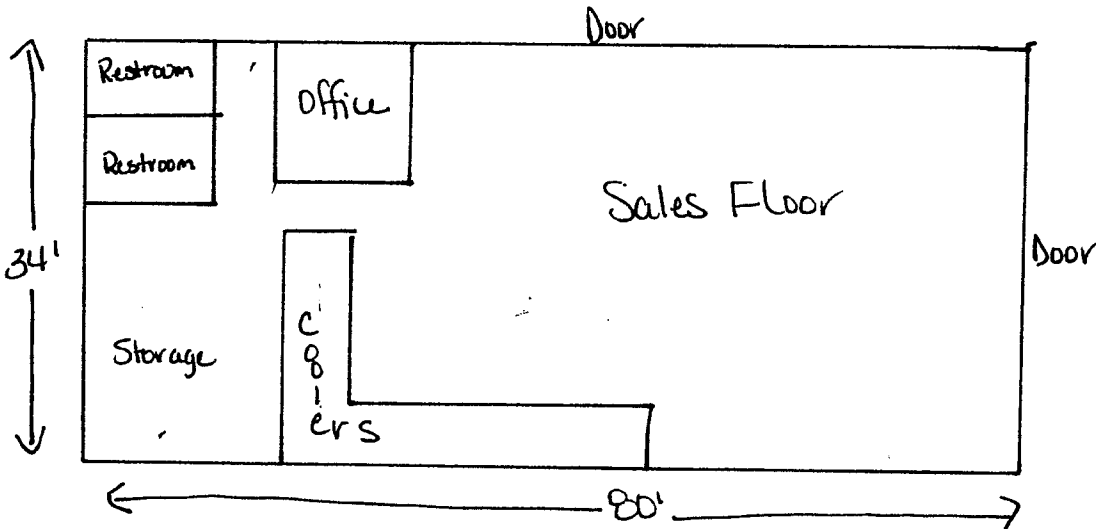
Is there a basement? Yes No If yes, length _____ x width _____ in feet

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

*If including an outdoor area permanent fencing is required. Please contact the local governing body for other requirements regarding fencing

Number of floors of the building 1

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



APPLICANT INFORMATION

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 Wright	2/22/17	Alliance, NE	Speeding 1-10	

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 Panhandle Cooperative Assn, 017821

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) _____

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.

Platte Valley Bank, Charles Wright, Kimberli Anderson, Ryan Abts, Karen Carrington

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.

Panhandle Cooperative Association Scottsbluff 094240, Panhandle Cooperative Association Scottsbluff 017821, Panhandle Cooperative Association Bridgeport 040750, Panhandle Cooperative Association Hyannis 124024, Main Street Market Kimball 097844

Merging with Farmers Cooperative Elevator Co and becoming Legacy Cooperative

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)

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? March 1st, 2024

15. What will be the main nature of business? Convenience Store

16. What are the anticipated hours of operation? 5:30 am - 10:00 pm M-Sat & 7 am - 7 pm Sun

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

RESIDENCES FOR THE PAST 10 YEARS					
APPLICANT CITY & STATE	YEAR		SPOUSE CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Gering NE	2017	2024	Gering NE	2017	2024
Alliance NE	2007	2017	Alliance NE	2007	2017

If necessary, attach a separate sheet

PERSONAL OATH AND CONSENT OF INVESTIGATION
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%
(YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)



Signature of **APPLICANT**

Charles Wright

Printed Name of **APPLICANT**

Signature of **SPOUSE**

Printed Name of **SPOUSE**

Signature of **APPLICANT**

Printed Name of **APPLICANT**

Signature of **SPOUSE**

Printed Name of **SPOUSE**

Nebraska Secretary of State

LEGACY COOPERATIVE

Thu Mar 7 07:25:23 2024

SOS Account Number

0045284

Status

Active

Principal Office Address

317 OSBORN STREET
HEMINGFORD, NE 69348

Registered Agent and Office Address

BART MOSEMAN
317 OSBORN ST.
P.O. BOX 155
HEMINGFORD, NE 69348

Nature of Business

GRAIN ELEVATOR FERTILIZER FEED

Entity Type

Domestic Corp

Qualifying State: NE

Date Filed

Sep 04 1919

Next Report Due Date

Jan 01 2026

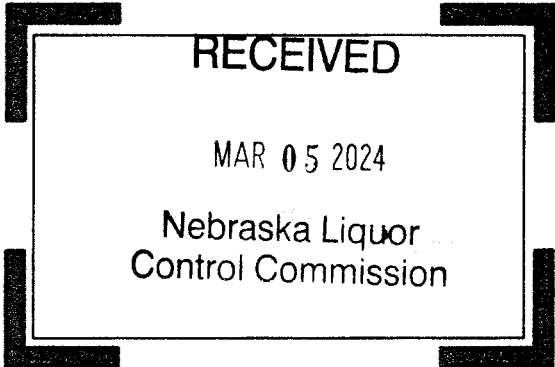
Corporation Position	Name	Address
President	BART MOSEMAN	317 OSBORN ST PO BOX 155 HEMINGFORD, NE 69348 USA
Secretary	JON FUCHSER	317 OSBORN PO BOX 155 HEMINGFORD, NE 69348
Director	TOM CULLAN	1131 CR 68 HEMINGFORD, NE 69348 USA
Director	JON FUCHSER	2251 610TH RD GORDON, NE 69343 USA
Director	DEREK GINN	4563 STATE HWY 87 HAY SPRINGS, NE 69347 USA

**CORPORATION
FORM 101**

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: _____

License Number: _____



INSTRUCTIONS

1. All officers, directors and stockholders and their spouses must be listed
2. President/CEO and all members holding over 25 % shares of stock and their spouse must sign the signature page of the application
3. Form 147 is required for President/CEO and all members holding over 25% shares of stock and their spouses must submit fingerprints.
4. Attach copy of Articles of Organization

Name of Corporation that will hold license as listed on the Articles of Incorporation

Legacy Cooperative

Name of Registered Agent: Charles Wright

Corporation Address: 401 S Beltline Hwy W Suite 8

City: Scottsbluff State: NE Zip Code: 69361-1314

Corporation Phone Number: (308) 632-5301 Fax Number (308) 632-5375

Total Number of Corporation Shares Issued: 4,500

Name of President/CEO

Name and information must be listed on following page

Last Name: Wright First Name: Charles MI: _____

Home Address: 2340 Lariat Loop City: Gering

State: NE Zip Code: 69341-1555 Phone Number: (308) 778-6965

Signature of President/CEO

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Haas First Name: John MI: _____

[REDACTED]

Title: Chairman Number of Shares 1

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Olsen First Name: Douglas MI: _____

[REDACTED]

Title: Vice Chairman Number of Shares 1

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Fuchser First Name: Jonathan MI: _____

[REDACTED]

Title: Secretary Number of Shares 1

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Wright First Name: Charles MI: _____

[REDACTED]

Title: President Number of Shares 1

Spouse Full Name (indicate N/A if single): Cathy Wright *spousal

Spouse Social Security Number: _____ Date of Birth: _____

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

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 _____

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 corporation owned 100% by another corporation/company??

YES NO

If yes, provide Form 185

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

Starting Date: September 1st Ending Date: August 31st

Is this a Non-Profit Corporation?

YES NO

If yes, provide the Federal ID # _____

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

the attached is a true and correct copy of Articles of Merger of

PANHANDLE COOPERATIVE ASSOCIATION

with registered office located in, SCOTTSBLUFF, Nebraska, merging into

LEGACY COOPERATIVE

with registered office located in HEMINGFORD, Nebraska as filed in this office on
September 4, 1919.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

February 15, 2024

A handwritten signature in black ink, appearing to read "Robert B. Evnen".

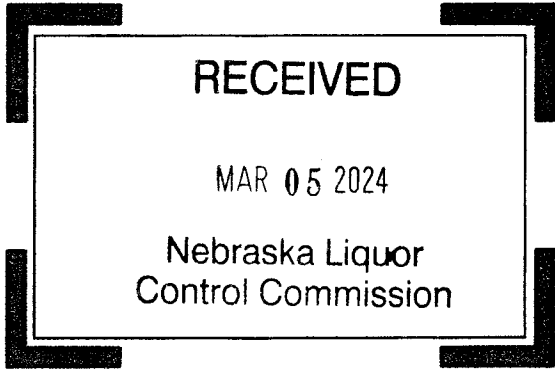
Secretary of State

**MANAGER APPLICATION
FORM 103**

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: _____

License Number: _____



MANAGER MUST:

- Be at least 21-years of age
- Complete all sections of the application.
- Form must be signed by a **member or corporate officer**
- Include Form 147 –Fingerprints are required
- Provide a copy of one of the following: US birth certificate, US Passport, naturalization papers OR legal resident documentation
- Be a resident of the state of Nebraska and if an US citizen be a registered voter in the State of Nebraska
- Spouse who **will** participate in the business, the **spouse must meet the same requirements as the manager applicant:**

Spouse who **will not** participate in the business

- Complete the Spousal Affidavit of Non Participation (Form 116). **Be sure to complete both halves of this form.**

CORPORATION/LLC INFORMATION

Name of Corporation/LLC: Legacy Cooperative

PREMISES INFORMATION

Premises Trade Name/DBA: Northgate Ampride

Premises Street Address: 3302 Ave B

City: Scottsbluff County: Scotts Bluff Zip Code: 69361

Premises Phone Number: (308) 635-3302

Premises Email address: jrupp@panhandlecoop.com

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

The individual whose name is listed as a corporate officer or managing member as reported or listed with the Commission.

MANUAL

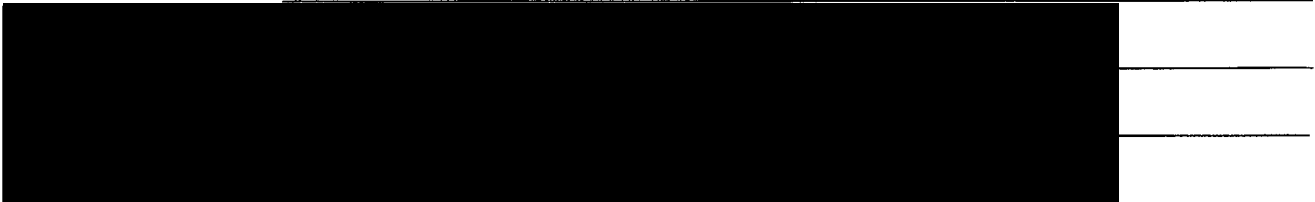
MANAGER INFORMATION

Last Name: Rupp First Name: Jason MI: L

Home Address: 1650 5th Street

City: Gering County: Scotts Bluff Zip Code: 69341-3123

Home Phone Number: (308) 631-3807



Email address: jrupp1974@gmail.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: _____ First Name: _____ MI: _____

Social Security Number: _____

Driver's License Number: _____

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
Gering, NE	1995	2024			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2018	2020	Panhandle Cooperative Association	Charles Wright	(308) 632-5301
2016	2018	Southwest Business Corporation	Janet Loriot	(210) 525-1241

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

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.

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Jason Rupp	01/2023	TIPS

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Jason Rupp/Bartender	1993-1994	O'Hara's Monument Mall
Jason Rupp/General Manager	1996-1997	Barry's Bar & Grill 1722 Broadway Scottsbluff
Jason Rupp/Team Lead C-Stores	2018-2024	Panhandle Coop 3302 Ave B Scottsbluff

5. Have you enclosed Form 147 regarding fingerprints?

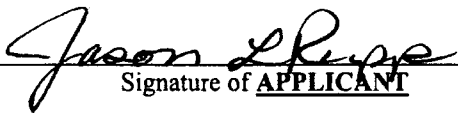
YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION
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.

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 applicant and spouse.



Signature of APPLICANT

Jason L Rupp

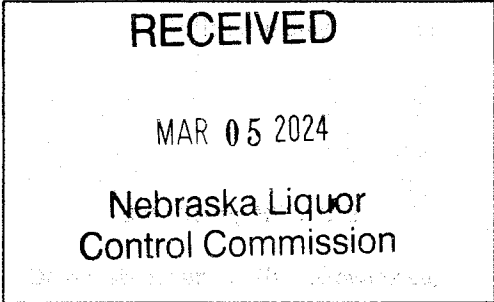
Printed Name of APPLICANT

Signature of SPOUSE

Printed Name of SPOUSE

**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 Northgate Ampride

Name of Person Being Fingerprinted: Jason Rupp

Date fingerprints were taken: 12/15/2023

Location where fingerprints were taken: Scottsbluff Police Dept

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



[Back to Lookup](#) / [Registrant Detail](#)

Jason L Rupp

Political Party

Nonpartisan

Precinct

Gering III

Election Details

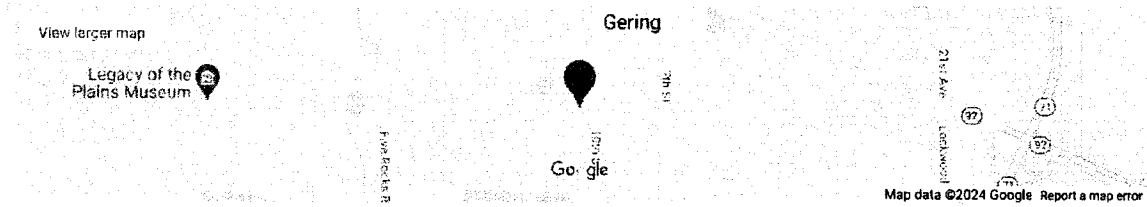
05/14/2024 2024 Primary Election

We did not find an absentee or provisional ballot associated with this election (may not be available after certification). Note: This website does not track the status of a traditional ballot voted at the polls. If you voted a traditional ballot at the polls, your ballot was accepted and counted.

Polling Location

Civic Center

📍 1050 M Street Gering, NE 69341



Districts

Show ▾

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A 360TRAINING COMPANY

CERTIFICATE OF COMPLETION

This certifies that

JASON L RUPP

is awarded this certificate for

TIPS Off-Premise Alcohol Seller Training

Hours
3.00

Completion Date
01/11/2023

Expiration Date
01/10/2026

Certificate #
OFF-000027788803

Official Signature

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake, Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com

(CUT HERE)

(CUT HERE)



Issued: 01/11/2023
Certificate #: OFF-000027788803

JASON L RUPP
401 S Dutton Hwy W Suite #8
Scottdale 69361

CERTIFIED

Expires: 01/10/2026



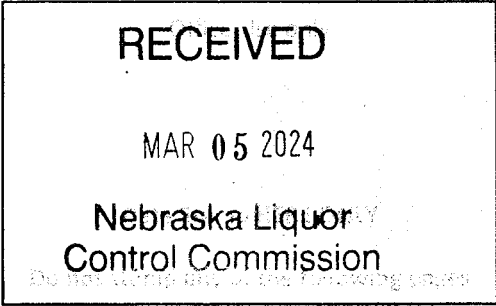
Phone: 800-438-8477
www.gettips.com

This card was issued for successful completion of the TIPS program.

Signature _____

**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 Legacy Cooperative

Name of Person Being Fingerprinted: Charles Wright

Date fingerprints were taken: 02/21/2024

Location where fingerprints were taken: Nebraska State Patrol - Troop E, Scottsbluff *Tamera Leeling, Office Specialist*

How was payment made to NSP?

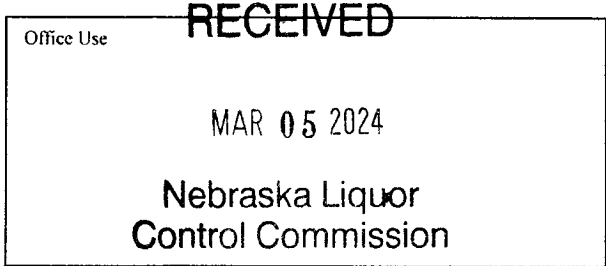
NSP PAYPORT CASH CHECK SENT TO NSP CK # _____

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

**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



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.

Cathy Wright
Signature of **NON-PARTICIPATING SPOUSE**
Cathy Wright
Print Name

Charles Wright
Signature of **APPLICANT**
Charles Wright
Print Name

State of Nebraska, County of SCOTTSBLOFF

State of Nebraska, County of SCOTTSBLOFF

The foregoing instrument was acknowledged before me
this 19th OF FEBRUARY 2024 (date)

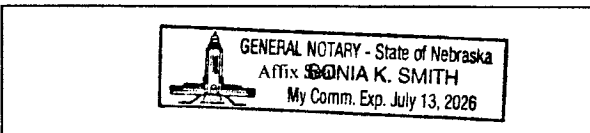
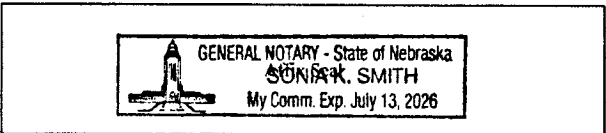
The foregoing instrument was acknowledged before me
this 19th OF FEBRUARY 2024 (date)

by CATHY WRIGHT
**Name of person acknowledged
(Individual signing document)**

by CHARLIE WRIGHT
**Name of person acknowledged
(Individual signing document)**

Sonia K Smith
Notary Public Signature

Sonia K Smith
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.

**ARTICLES OF MERGER
OF
PANHANDLE COOPERATIVE ASSOCIATION
INTO
FARMERS COOPERATIVE ELEVATOR COMPANY
CHANGING ITS NAME TO
LEGACY COOPERATIVE**

Pursuant to *Neb. Rev. Stat. § 21-2.166*, et seq., the following Articles of Merger are declared and filed with the Nebraska Secretary of State:

1. Effective March 1, 2024, Panhandle Cooperative Association, a Nebraska cooperative corporation with its principal office located at 401 S Beltline Highway West, Scottsbluff, NE 69363, will be merged into Farmers Cooperative Elevator Company, a Nebraska cooperative corporation with its principal office located at 317 Osborn Street, Hemingford, NE 68347, changing its name to Legacy Cooperative.
2. The names of the parties involved in this merger are: (a) "Panhandle Cooperative Association" and (b) "Farmers Cooperative Elevator Company", with Farmers Cooperative Elevator Company being the surviving entity.
3. As a result of the Plan of Merger, Article I of the Restated Articles of Incorporation of Farmers Cooperative Elevator Company shall be amended to state: "The name of the Cooperative shall be Legacy Cooperative." There are no other changes to the Restated Articles of Incorporation.
4. The Agreement and Plan of Merger and the performance of its terms were duly authorized by all required corporate action (both requisite approval of the Board of Directors and requisite approval by the voting shareholders) of Panhandle Cooperative Association, and in accordance with its Articles of Incorporation, Bylaws, and applicable laws of the State of Nebraska.
5. The Agreement and Plan of Merger and the performance of its terms were duly authorized by all required corporate action (both requisite approval of the Board of Directors and requisite approval by the voting shareholders) of Farmers Cooperative Elevator Company, and in accordance with its Articles of Incorporation, Bylaws, and applicable laws of the State of Nebraska.
6. The effect of filing these Articles of Merger is to complete the transfer of the assets and liabilities of Panhandle Cooperative Association to Farmers Cooperative Elevator Company, changing its name to Legacy Cooperative by operation of law pursuant to *Neb. Rev. Stat. § 21-2.167*.

Dated: February 7 2024. PANHANDLE COOPERATIVE ASSOCIATION

By [Signature]
-Charles Wright, President

Dated: February 7, 2024. FARMERS COOPERATIVE ELEVATOR COMPANY

By [Signature]
Bart Moseman, President

STATE OF NEBRASKA)
) ss.
COUNTY OF [Signature])

The foregoing instrument was acknowledged before me on 2/7/24 2024, by Charles Wright, President and authorized representative of Panhandle Cooperative Association, on behalf of said cooperative corporation, as his voluntary act and deed and the voluntary act and deed of the cooperative corporation.

State of Nebraska - General Notary
RAG HUNTER
My Commission Expires
March 30, 2027

[Signature]
Notary Public

STATE OF NEBRASKA)
) ss.
COUNTY OF [Signature])

The foregoing instrument was acknowledged before me on 2/7/24 2024, by Bart Moseman, President and authorized representative of Farmers Cooperative Elevator Company, on behalf of said cooperative corporation, as his voluntary act and deed and the voluntary act and deed of the cooperative corporation.

State of Nebraska - General Notary
RAG HUNTER
My Commission Expires
March 30, 2027

[Signature]
Notary Public

Entered in Numerical Index and Filed for Record in the Register of Deeds Office of said County of Scotts Bluff, State of Nebraska, this 6 day of October, A.D., 1993, at 3:24 o'clock P. M., Recorded in Book 202 of Scotts Bluff Page 122 thereof. Fee \$ 6.00 Mary Jo Keller Register of Deeds

FirstTier Bank
P.O. Box 1708
Scottsbluff NE

CORPORATION WARRANTY DEED

5795

FIRSTTIER BANK, NATIONAL ASSOCIATION, SCOTTSBLUFF, NEBRASKA, formerly known as Scottsbluff National Bank and Trust Company, A National Bank Association, GRANTOR, in consideration of TEN DOLLARS (\$10.00) AND OTHER VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, conveys to PANHANDLE COOPERATIVE ASSOCIATION, GRANTEE, the following described real estate (as defined in Neb. Rev. Stat. §76-201) in Scotts Bluff County, Nebraska:

Lots 1 and 2, Replat of Block 7, NORTHWOOD ADDITION to the City of Scottsbluff, Scotts Bluff County, Nebraska, according to the recorded plat thereof, subject to easements, reservations, covenants and restrictions of record.

GRANTOR covenants with the GRANTEE that GRANTOR:

1. Is lawfully seized of such real estate and that it is free from encumbrances;
2. Has legal power and lawful authority to convey the same;
3. Warrants and will defend the title to the real estate against the lawful claims of all persons.

DATED: October 1, 1993.



FIRSTTIER BANK, NATIONAL ASSOCIATION, SCOTTSBLUFF, NEBRASKA, formerly known as Scottsbluff National Bank and Trust Company,

By [Signature]
President

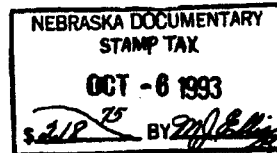
STATE OF NEBRASKA, County of Scotts Bluff: ss.

The foregoing instrument was acknowledged before me on October 1, 1993 by H. H. Kosman, President of FIRSTTIER BANK, NATIONAL ASSOCIATION, SCOTTSBLUFF, NEBRASKA, formerly known as Scottsbluff National Bank and Trust Company, A National Bank Association, on behalf of said Bank.

Deborah L. Thompson
Notary Public



NUM. B
GEN. FB
PICT. _____
COMPARED _____



5795

Business Plan for Legacy Cooperative

DBA Main Street Market Wine & Spirits

DBA Bridgeport Ampride

DBA Northgate Ampride

DBA Main Street Market

DBA Hyannis C-Store

Legacy Cooperative

401 S Beltline Hwy W Suite 8

PO Box 2188

Scottsbluff NE 69363

Legacy Cooperative is a result as a merger effective March 1, 2024 between Panhandle Cooperative Association and Farmers Cooperative Elevator Co. Panhandle Cooperative Association currently holds liquor license at all these locations.

The nature of the business at these locations: Grocery Store and Convenience Store

At all locations except Main Street Market Wine & Spirits, we provide to our customers off sale wine, beer and liquor sales. Main Street Market Wine & Spirits we provide to our customers off sale wine, beer and liquor sales. Along with this, we occasionally offer wine tastings at this location along with catering services.

Bringing these two great cooperatives together for the benefit of our patrons, employees, customers, and communities. Legacy will be a cooperative leader in our leader as we continue to provide exceptional goods and services that all our patrons and customers need and want. Legacy Cooperative will build on the history of these two cooperatives to develop and grow a legacy for future generations of stockholders, employees, customers, and patrons.

PAYPORT

NEBRASKA.GOV

PURCHASE RECEIPT

Nebraska Liquor Control Commission

P.O. Box 95046
Lincoln NE 68509-5046
(402)471-4881
brenda.hiland@nebraska.gov
OTC Local Ref ID: 92107454
2/15/2024 12:18 PM

Status: **APPROVED**
Customer Name: Panhandle Coop Assn
Account Number: **0285
Routing Number: 104102309

	Items	Quantity	TPE Order ID	Total Amount
Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)		1	54161051	\$400.00

Applicant Name:: **Legacy Cooperative**
Trade Name (DBA):: **Main St Market Wine & Spirits**
Address:: **401 S Beltline Hwy W**
City:: **Scottsbluff**
State:: **NE**
Zip Code:: **69361**
Phone Number:: **3086335300**
Email Address:: **banking@panhandlecoop.com**

Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)		1	54161051	\$400.00
--	--	---	----------	----------

Applicant Name:: **Legacy Cooperative**
Trade Name (DBA):: **Bridgeport Ampride**
Address:: **102 W 5th St**
City:: **Bridgeport**
State:: **NE**
Zip Code:: **69336**
Phone Number:: **3082620827**
Email Address:: **banking@panhandlecoop.com**

Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)		1	54161051	\$400.00
--	--	---	----------	----------

Applicant Name:: **Legacy Cooperative**
Trade Name (DBA):: **Northgate Ampride**
Address:: **3302 Ave B**

City:: **Hyannis**

State:: **NE**

Zip Code:: **69361**

Phone Number:: **3086353302**

Email Address:: **banking@panhandlecoop.com**

Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)	1	54161051	\$400.00
--	---	----------	----------

Applicant Name:: **Legacy Cooperative**

Trade Name (DBA):: **Main Street Market**

Address:: **815 E 3rd St**

City:: **Kimball**

State:: **NE**

Zip Code:: **69145**

Phone Number:: **3082353272**

Email Address:: **banking@panhandlecoop.com**

Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)	1	54161051	\$400.00
--	---	----------	----------

Applicant Name:: **Legacy Cooperative**

Trade Name (DBA):: **Hyannis C-Store**

Address:: **13161 E Hwy 2**

City:: **Hyannis**

State:: **NE**

Zip Code:: **69350**

Phone Number:: **3084582700**

Email Address:: **banking@panhandlecoop.com**

Total remitted to the Nebraska Liquor Control Commission	\$2,000.00
--	------------

Total Amount Charged	\$2,001.75
----------------------	------------

I authorize "" to electronically debit my account.

Customer Copy

From: Kim Anderson <kanderson@legacycoop.com>
Sent: Tuesday, March 5, 2024 12:57 PM
To: LCC Front Desk
Cc: Hiland, Brenda
Subject: FW: Encrypt Northgate Ampride Liquor License Application
Attachments: Misc info liquor.pdf; Misc info Northgate.pdf; Form 103 Northgate.pdf; Form 101 Northgate.pdf; Form 100 Northgate.pdf

Some people who received this message don't often get email from kanderson@legacycoop.com. [Learn why this is important](#)

Kimberli Anderson
Chief Accounting Officer
(Formerly Panhandle Cooperative Association)
Legacy Cooperative
(308) 630-5225 Office
(308) 641-9678 Cell
kanderson@legacycoop.com

From: Kim Anderson <kanderson@panhandlecoop.com>
Sent: Thursday, February 22, 2024 9:11 AM
To: llc.frontdesk@nebraska.gov
Subject: Encrypt Northgate Ampride Liquor License Application

Please see attached the applications for a new liquor license for Legacy Coop at our Northgate Ampride location.

Please let me know if you need additional information.

As of March 1st we will become Legacy Cooperative

Kimberli Anderson
Chief Accounting Officer
Panhandle Cooperative Association
(308) 630-5225 Office
(308) 641-9678 Cell
kanderson@panhandlecoop.com

*** NO EXTENSIONS OF THIS PERMIT WILL BE ALLOWED***

Temporary Operating Permit

Nebraska Liquor Control Commission

24 – 326 Class D

Issued: March 22, 2024 – Expires: June 20, 2024

Legacy Cooperative

dba: Northgate Ampride

3302 Avenue B, Scottsbluff, NE 69361-4365 Scotts Bluff County

Description: One story building approx 34 x 80



**Hobert B Rupe - Executive Director
Nebraska Liquor Control Commission
301 Centennial Mall South, 1st Floor
Lincoln, NE 68509
(402) 471 – 2571**



City of Scottsbluff, Nebraska

Wednesday, April 3, 2024

Regular Meeting

Item 6.b

Class CK Application, Legacy Cooperative d/b/a Main Street Market Wine & Spirits, 401 S. Beltline Hwy W., Scottsbluff; Eric King, Manager.

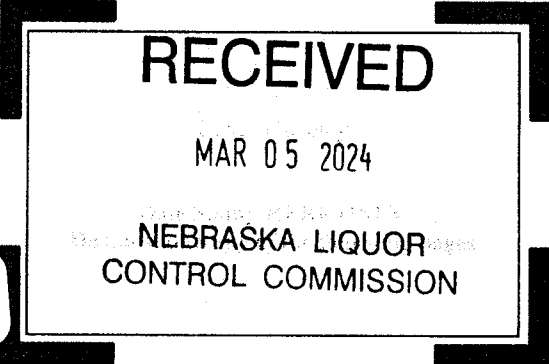
Staff Contact: Kimberley Wright

**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: CK

License Number:
126330



Office Use Only

NEW / REPLACING 94240 TOP Yes / No

Hot List Yes / No Initial: HN

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 Legacy Cooperative

TRADE (DBA) NAME Main Street Market Wine & Spirits

PREVIOUS TRADE (DBA) NAME _____

CONTACT NAME AND PHONE NUMBER Charles Wright (308) 778-6965

CONTACT EMAIL ADDRESS cwright@panhandlecoop.com

Office use only	
PAYMENT TYPE <u>Payport</u>	
AMOUNT <u>400</u> RCPT	
RECEIVED: <u>2/15/24</u>	
DATE DEPOSITED	
	<p>2400002754</p>

FORM 100
REV 12/7/2022
PAGE 1

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

RETAIL LICENSE(S) Application Fee \$400 (nonrefundable)
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

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- 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 OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)

Name _____ Phone Number _____

Firm Name _____

Email address _____

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

****Due to lottery sales request restriction of on sale consumption restricted to promotional tasting by consumer**

FORM 100
REV 12/7/2022
PAGE 3

PREMISES INFORMATION

Trade Name (doing business as) Main Street Market Wine & Spirits

Street Address 401 S Beltline Hwy W

City Scottsbluff County Scotts Bluff - 21 Zip Code 69361 - 1314

Premises Telephone number (308) 633-5300

Business e-mail address eking@panhandlecoop.com

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

MAILING ADDRESS (where you want to receive mail from the Commission)

Check if same as premises

Name Legacy Cooperative

Street Address PO Box 2188

City Scottsbluff State NE Zip Code 69363 - 2188

DESCRIPTION AND DIAGRAM OF THE AREA TO BE LICENSED

IN THE SPACE PROVIDED BELOW DRAW OR ATTACH A DIAGRAM 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 161 x width 309 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+

*If including an outdoor area permanent fencing is required. Please contact the local governing body for other requirements regarding fencing

Number of floors of the building 1

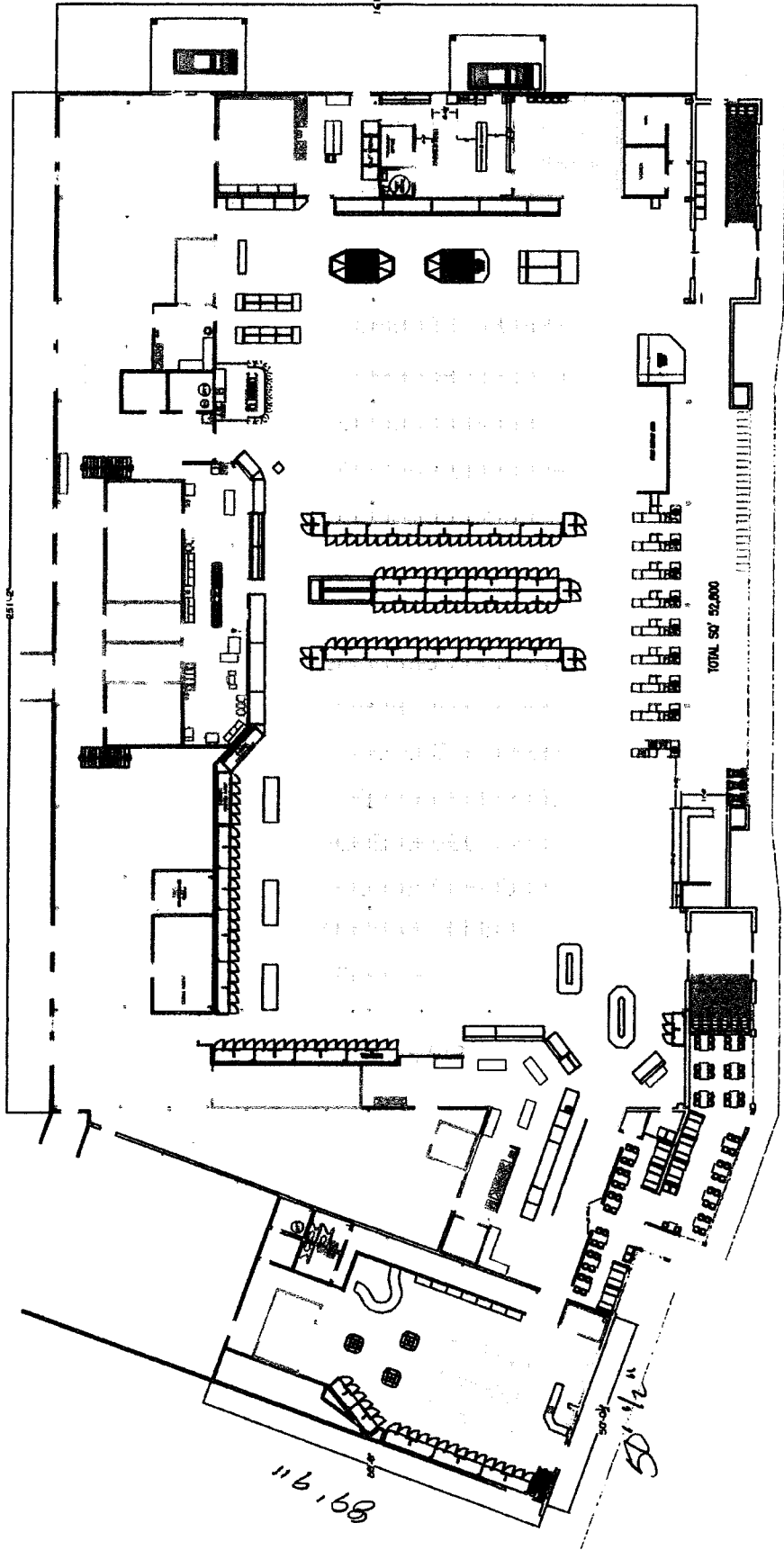
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

See Attachment

One story irregular shaped Building Approx 161 x 309

191

2,158



APPLICANT INFORMATION

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 Wright	2/22/17	Alliance, NE	Speeding 1-10	

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 Panhandle Cooperative Assoc 094240

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) _____

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.

Platte Valley Bank, Charles Wright, Kimberli Anderson, Ryan Abts, Karen Carrington

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.

Panhandle Cooperative Association Scottsbluff 094240, Panhandle Cooperative Association Scottsbluff 017821
Panhandle Cooperative Association Bridgeport 040750, Panhandle Cooperative Association Hyannis 124024, Main Street Market 097844

Merging with Farmers Cooperative Elevator Co and becoming Legacy Cooperative

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)

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? March 1st 2024

15. What will be the main nature of business? Grocery Store with Liquor Store

16. What are the anticipated hours of operation? Sun-Sat 8:00 am - 9:00 pm

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

RESIDENCES FOR THE PAST 10 YEARS						
APPLICANT CITY & STATE	YEAR		SPOUSE CITY & STATE	YEAR		
	FROM	TO		FROM	TO	
Charles Wright, Gering NE	2017	Present	Cathy Wright, Gering NE	2017	Present	
Charles Wright, Alliance NE	2007	2017	Cathy Wright, Alliance NE	2007	2017	

If necessary, attach a separate sheet

PERSONAL OATH AND CONSENT OF INVESTIGATION

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%
(YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)**



Signature of APPLICANT

Charles Wright

Printed Name of APPLICANT

Signature of SPOUSE

Printed Name of SPOUSE

Signature of APPLICANT

Signature of SPOUSE

Printed Name of APPLICANT

Printed Name of SPOUSE

Nebraska Secretary of State

LEGACY COOPERATIVE

Thu Mar 7 07:25:23 2024

SOS Account Number

0045284

Status

Active

Principal Office Address

317 OSBORN STREET
HEMINGFORD, NE 69348

Registered Agent and Office Address

BART MOSEMAN
317 OSBORN ST.
P.O. BOX 155
HEMINGFORD, NE 69348

Nature of Business

GRAIN ELEVATOR FERTILIZER FEED

Entity Type

Domestic Corp

Qualifying State: NE

Date Filed

Sep 04 1919

Next Report Due Date

Jan 01 2026

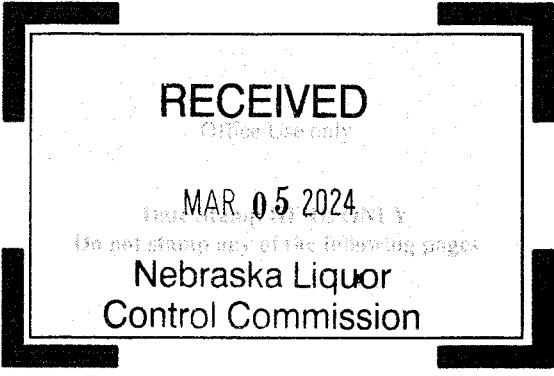
Corporation Position	Name	Address
President	BART MOSEMAN	317 OSBORN ST PO BOX 155 HEMINGFORD, NE 69348 USA
Secretary	JON FUCHSER	317 OSBORN PO BOX 155 HEMINGFORD, NE 69348
Director	TOM CULLAN	1131 CR 68 HEMINGFORD, NE 69348 USA
Director	JON FUCHSER	2251 610TH RD GORDON, NE 69343 USA
Director	DEREK GINN	4563 STATE HWY 87 HAY SPRINGS, NE 69347 USA

**CORPORATION
FORM 101**

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: _____

License Number: _____



INSTRUCTIONS

1. All officers, directors and stockholders and their spouses must be listed
2. President/CEO and all members holding over 25 % shares of stock and their spouse must sign the signature page of the application
3. Form 147 is required for President/CEO and all members holding over 25% shares of stock and their spouses must submit fingerprints.
4. Attach copy of Articles of Organization

Name of Corporation that will hold license as listed on the Articles of Incorporation

Legacy Cooperative

Name of Registered Agent: Charles Wright

Corporation Address: 401 S Beltline Hwy W Suite 8

City: Scottsbluff State: NE Zip Code: 69361-1314

Corporation Phone Number: (308) 632-5301 Fax Number (308) 632-5375

Total Number of Corporation Shares Issued: 4,500

Name of President/CEO

Name and information must be listed on following page

Last Name: Wright First Name: Charles MI: _____

Home Address: 2340 Lariat Loop City: Gering

State: NE Zip Code: 69341-1555 Phone Number: (308) 778-6965

Signature of President/CEO

List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Haas First Name: John MI: _____

Title: Chairman Number of Shares 1

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Olsen First Name: Douglas MI: _____

Title: Vice Chairman Number of Shares 1

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Fuchser First Name: Jonathan MI: _____

Title: Secretary Number of Shares 1

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Wright First Name: Charles MI: _____

Title: President Number of Shares 1

Spouse Full Name (indicate N/A if single): Cathy Wright *spouse*

Spouse Social Security Number: _____ Date of Birth: _____

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

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 _____

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 corporation owned 100% by another corporation/company??

YES NO

If yes, provide Form 185

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

Starting Date: September 1st Ending Date: August 31st

Is this a Non-Profit Corporation?

YES NO

If yes, provide the Federal ID # _____

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the
State of Nebraska, do hereby certify that

the attached is a true and correct copy of Articles of Merger of

PANHANDLE COOPERATIVE ASSOCIATION

with registered office located in, SCOTTSBLUFF, Nebraska, merging into

LEGACY COOPERATIVE

with registered office located in HEMINGFORD, Nebraska as filed in this office on
September 4, 1919.

*This certificate is not to be construed as an endorsement,
recommendation, or notice of approval of the entity's financial
condition or business activities and practices.*

In Testimony Whereof,



I have hereunto set my hand and
affixed the Great Seal of the
State of Nebraska on this date of

February 15, 2024

A handwritten signature in black ink, appearing to read "Robert B. Evnen".

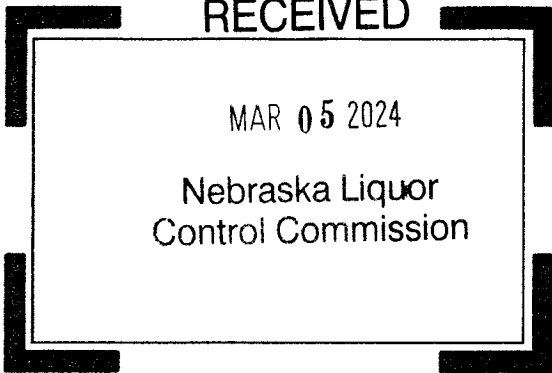
Secretary of State

**MANAGER APPLICATION
FORM 103**

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: _____

License Number: _____



MANAGER MUST:

- Be at least 21-years of age
- Complete all sections of the application.
- Form must be signed by a **member or corporate officer**
- Include Form 147 –Fingerprints are required
- Provide a copy of one of the following: US birth certificate, US Passport, naturalization papers OR legal resident documentation
- Be a resident of the state of Nebraska and if an US citizen be a registered voter in the State of Nebraska
- Spouse who **will** participate in the business, the **spouse must meet the same requirements as the manager applicant:**

Spouse who **will not** participate in the business

- Complete the Spousal Affidavit of Non Participation (Form 116). **Be sure to complete both halves of this form.**

CORPORATION/LLC INFORMATION

Name of Corporation/LLC: Legacy Cooperative

PREMISES INFORMATION

Premises Trade Name/DBA: Main Street Market Wine & Spirits

Premises Street Address: 401 S Beltline Hwy W

City: Scottsbluff County: Scotts Bluff Zip Code: 69361

Premises Phone Number: (308) 633-5300

Premises Email address: eking@panhandlecoop.com

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

The individual whose name is listed as a corporate officer or managing member as reported or listed with the Commission.

DATE: _____

MANAGER INFORMATION

Last Name: King First Name: Eric MI: D

Home Address: 401 E 37th St

City: Scottsbluff County: Scotts Bluff Zip Code: 69361-4085

Home Phone Number: (308) 631-6037



Email address: eking@panhandlecoop.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES NO

Spouse's information

Spousal

Spouses Last Name: King First Name: Tammy MI: L

Social Security Number: 523-35-3529

Driver's License Number: H12743435

Date of Birth: 3/17/1974 Place of Birth: Boulder, CO

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
Scottsbluff NE	2007	2024	Scottsbluff NE	2007	2024

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	2024	Panhandle Cooperative Association	Charles Wright	(308) 632-5301
1988	2007	Albertsons	Shawn Porter	(877) 723-3929

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

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):

Panhandle Cooperative Association, 18th St Bar & Grill, Albertsons

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.

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Eric King	06/2023	Nebraska Liquor Control Commission

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Eric King/Store Manager	2000	Albertsons, 2817 Ave B Scottsbluff NE
Eric King/Owner	2007	18th St Bar & Grill, 1722 Broadway Scottsbluff NE
Eric King/Store Manager	2007	Panhandle Coop, 401 S Beltline Hwy W Scottsbluff NE

5. Have you enclosed Form 147 regarding fingerprints?

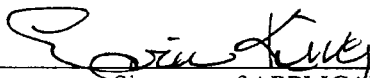
YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION
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.

***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.*

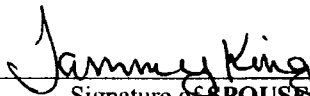
Must be signed by applicant and spouse.



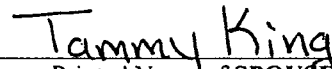
Signature of APPLICANT



Printed Name of APPLICANT



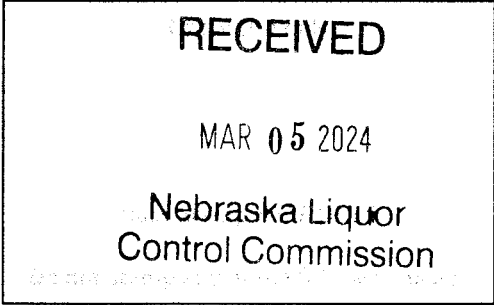
Signature of SPOUSE



Printed Name of SPOUSE

**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 Main Street Market Wine & Spirits

Name of Person Being Fingerprinted: Eric King



Date fingerprints were taken: 02/13/2024

Location where fingerprints were taken: NSP Troop E

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



[Back to Lookup](#) / [Registrant Detail](#)

Eric Dale King

Political Party
Republican

Precinct
Scottsbluff 8

Election Details

05/14/2024 2024 Primary Election

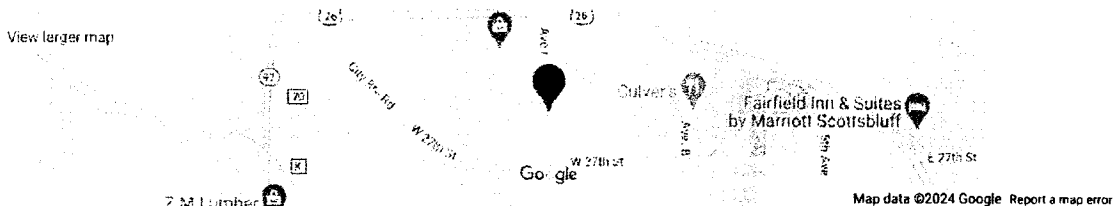
We did not find an absentee or provisional ballot associated with this election (may not be available after certification). Note: This website does not track the status of a traditional ballot voted at the polls. If you voted a traditional ballot at the polls, your ballot was accepted and counted.

Polling Location

First Baptist Church

3009 Avenue I Scottsbluff, NE 69361

[View larger map](#)



Districts

Show

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CERTIFICATE OF TRAINING

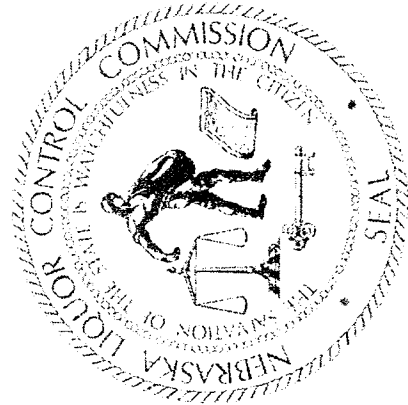
This is to certify that

Eric King

has completed the Certified Alcohol Server Training as required by
the Nebraska Liquor Control Commission

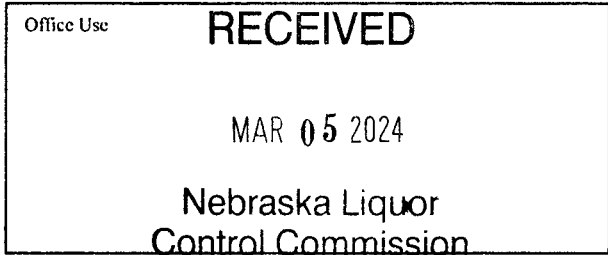
Completion Date: June 05, 2023

Expiration Date: June 05, 2026



**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



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.

Tammy King
Signature of **NON-PARTICIPATING SPOUSE**

Eric King
Signature of **APPLICANT**

Tammy King
Print Name

Eric King
Print Name

State of Nebraska, County of Scotts Bluff

State of Nebraska, County of Scotts Bluff

The foregoing instrument was acknowledged before me
this February 21, 2024 (date)

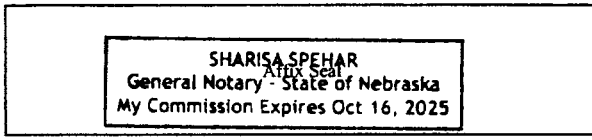
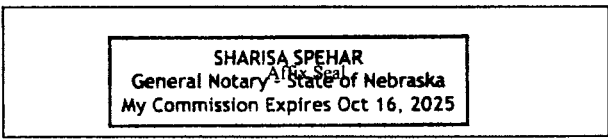
The foregoing instrument was acknowledged before me
this February 21, 2024 (date)

by Shari^{SS} Tammy King
Name of person acknowledged
(Individual signing document)

by Eric King
Name of person acknowledged
(Individual signing document)

Sharisa Spehar
Notary Public Signature

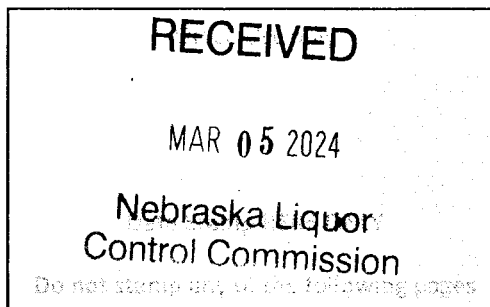
Sharisa Spehar
Notary Public Signature



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.

**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 Legacy Cooperative

Name of Person Being Fingerprinted: Charles Wright

Date fingerprints were taken: 02/21/2024

Location where fingerprints were taken: Nebraska State Patrol - Troop E, Scottsbluff

Tamera Leeling, Office Specialist

How was payment made to NSP?

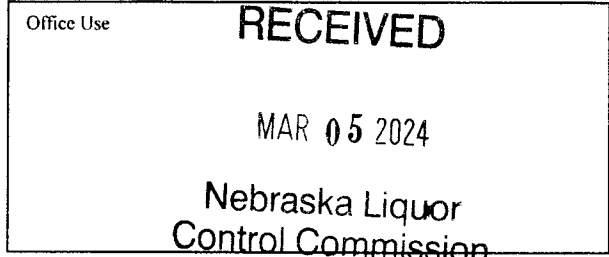
NSP PAYPORT CASH CHECK SENT TO NSP CK # _____

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

**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



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.

Cathy Wright
Signature of **NON-PARTICIPATING SPOUSE**
Cathy Wright
Print Name

Charles Wright
Signature of **APPLICANT**
Charles Wright
Print Name

State of Nebraska, County of SCOTTSBLUFF

State of Nebraska, County of SCOTTSBLUFF

The foregoing instrument was acknowledged before me
this 19th OF FEBRUARY 2024 (date)

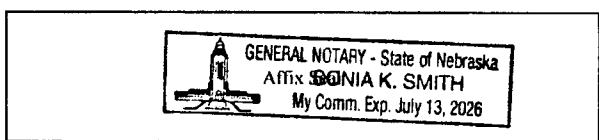
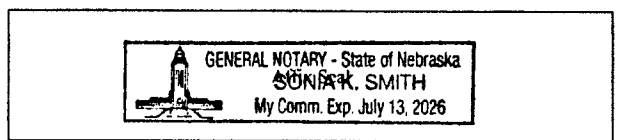
The foregoing instrument was acknowledged before me
this 19th OF FEBRUARY 2024 (date)

by CATHY WRIGHT
Name of person acknowledged
(Individual signing document)

by CHARLIE WRIGHT
Name of person acknowledged
(Individual signing document)

Sonia K Smith
Notary Public Signature

Sonia K Smith
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.

**ARTICLES OF MERGER
OF
PANHANDLE COOPERATIVE ASSOCIATION
INTO
FARMERS COOPERATIVE ELEVATOR COMPANY
CHANGING ITS NAME TO
LEGACY COOPERATIVE**

Pursuant to *Neb. Rev. Stat. § 21-2.166*, et seq., the following Articles of Merger are declared and filed with the Nebraska Secretary of State:

1. Effective March 1, 2024, Panhandle Cooperative Association, a Nebraska cooperative corporation with its principal office located at 401 S Beltline Highway West, Scottsbluff, NE 69363, will be merged into Farmers Cooperative Elevator Company, a Nebraska cooperative corporation with its principal office located at 317 Osborn Street, Hemingford, NE 68347, changing its name to Legacy Cooperative.

2. The names of the parties involved in this merger are: (a) "Panhandle Cooperative Association" and (b) "Farmers Cooperative Elevator Company", with Farmers Cooperative Elevator Company being the surviving entity.

3. As a result of the Plan of Merger, Article I of the Restated Articles of Incorporation of Farmers Cooperative Elevator Company shall be amended to state: "The name of the Cooperative shall be Legacy Cooperative." There are no other changes to the Restated Articles of Incorporation.

4. The Agreement and Plan of Merger and the performance of its terms were duly authorized by all required corporate action (both requisite approval of the Board of Directors and requisite approval by the voting shareholders) of Panhandle Cooperative Association, and in accordance with its Articles of Incorporation, Bylaws, and applicable laws of the State of Nebraska.

5. The Agreement and Plan of Merger and the performance of its terms were duly authorized by all required corporate action (both requisite approval of the Board of Directors and requisite approval by the voting shareholders) of Farmers Cooperative Elevator Company, and in accordance with its Articles of Incorporation, Bylaws, and applicable laws of the State of Nebraska.

6. The effect of filing these Articles of Merger is to complete the transfer of the assets and liabilities of Panhandle Cooperative Association to Farmers Cooperative Elevator Company, changing its name to Legacy Cooperative, by operation of law pursuant to *Neb. Rev. Stat. § 21-2.167*.

Dated: February 7 2024. PANHANDLE COOPERATIVE ASSOCIATION

By [Signature]
Charles Wright, President

Dated: February 7, 2024. FARMERS COOPERATIVE ELEVATOR COMPANY

By [Signature]
Bart Moseman, President

STATE OF NEBRASKA)
) ss.
COUNTY OF DeBake)

The foregoing instrument was acknowledged before me on 2/7 2024, by Charles Wright, President and authorized representative of Panhandle Cooperative Association, on behalf of said cooperative corporation, as his voluntary act and deed and the voluntary act and deed of the cooperative corporation.

State of Nebraska - General Notary
PUBLIC
My Commission Expires
March 30, 2027

[Signature]
Notary Public

STATE OF NEBRASKA)
) ss.
COUNTY OF DeBake)

The foregoing instrument was acknowledged before me on 2/7 2024, by Bart Moseman, President and authorized representative of Farmers Cooperative Elevator Company, on behalf of said cooperative corporation, as his voluntary act and deed and the voluntary act and deed of the cooperative corporation.

State of Nebraska - General Notary
PUBLIC
My Commission Expires
March 30, 2027

[Signature]
Notary Public

*Pa 325
Van Dineburg
Barnes*

CORPORATION WARRANTY DEED

727

The grantor CRA, Inc., 2588

NEBRASKA
JUN 28 1974
\$ 53.90

a corporation organized and existing under and by virtue of the laws of the State of Kansas
in consideration of \$1.00 and other value
received from grantee, does grant, bargain, sell, convey and confirm unto Panhandle Cooperative Association

herein called the grantee whether one or more, the following described real property in
Scotts Bluff County, Nebraska:

Blocks One (1), Two (2) and Three (3), Panhandle Cooperative Subdivision, an addition to the City of Scottsbluff, Scotts Bluff County, Nebraska.

SUBJECT to easements, restrictions, rights of way of record and zoning. Grantor, for itself and its successors and assigns, RESERVES AND RETAINS FULL RIGHTS of ingress, egress, repair, replacement, and maintenance to and from all its pipelines across said premises as presently located, and FURTHER RESERVES THE RIGHT to lay, maintain, inspect, alter, repair, operate, remove, and relay a pipeline for the transportation of oil, gas, oil and gas products and by-products thereof, water, sewage, waste water disposal, and other substances and for other purposes incidental or necessary to its operations or business activity, under and through and across the above-described premises, said right-of-way to be sixteen feet in width, with reasonable location to be determined by Grantor.

NUMERICAL
GENERAL
TAX REG.
PICTURED

State of Nebraska, Scotts Bluff County ss.
Entered in Numerical Index and filed for record the 28 day of June, 1974 at 10:15 o'clock A. M. and recorded in Book 143 of Records on page 727
Mary Jo Keller
Register of Deeds

To have and to hold the above described premises together with all tenements, hereditaments and appurtenances thereto belonging unto the grantee and to grantee's heirs and assigns forever.
And the grantor for itself and its successors does hereby covenant with the grantee and with grantee's heirs and assigns that grantor is lawfully seized of said premises; that they are free from encumbrance except as above stated and except 1974 taxes payable in 1975.

that grantor has good right and lawful authority to convey the same; and that grantor warrants and will defend the title to said premises against the lawful claims of all persons whatsoever.
In witness whereof, grantor has hereunto caused its corporate seal to be affixed and these presents signed by its President.

Dated June 6, 1974.
WITNESSES:
R. E. Hoke
Assistant Secretary

CRA, Inc.
By *[Signature]* President

STATE OF MISSOURI, County of Clay

Before me, a notary public qualified in said county, personally came *[Signature]* President of CRA, Inc.,

NOTARY PUBLIC
CLAY COUNTY, MISSOURI

known to me to be the President and identical person who signed the foregoing instrument, and acknowledged execution thereof to be his voluntary act and deed as such officer and the voluntary act and deed of said corporation and that its corporate seal was thereto affixed by its authority.

Witness my hand and notarial seal on June 6, 1974.
[Signature] Notary Public
C. A. Stubbs, Clay County, Missouri
My commission expires July 1, 1977

*24
RAB*

2588

Business Plan for Legacy Cooperative

DBA Main Street Market Wine & Spirits

DBA Bridgeport Ampride

DBA Northgate Ampride

DBA Main Street Market

DBA Hyannis C-Store

Legacy Cooperative

401 S Beltline Hwy W Suite 8

PO Box 2188

Scottsbluff NE 69363

Legacy Cooperative is a result as a merger effective March 1, 2024 between Panhandle Cooperative Association and Farmers Cooperative Elevator Co. Panhandle Cooperative Association currently holds liquor license at all these locations.

The nature of the business at these locations: Grocery Store and Convenience Store

At all locations except Main Street Market Wine & Spirits, we provide to our customers off sale wine, beer and liquor sales. Main Street Market Wine & Spirits we provide to our customers off sale wine, beer and liquor sales. Along with this, we occasionally offer wine tastings at this location along with catering services.

Bringing these two great cooperatives together for the benefit of our patrons, employees, customers, and communities. Legacy will be a cooperative leader in our leader as we continue to provide exceptional goods and services that all our patrons and customers need and want. Legacy Cooperative will build on the history of these two cooperatives to develop and grow a legacy for future generations of stockholders, employees, customers, and patrons.

PAYPORT

NEBRASKA.GOV

PURCHASE RECEIPT

Nebraska Liquor Control Commission

P.O. Box 95046
 Lincoln NE 68509-5046
 (402)471-4881
 brenda.hiland@nebraska.gov
 OTC Local Ref ID: 92107454
 2/15/2024 12:18 PM

Status: **APPROVED**
 Customer Name: Panhandle Coop Assn
 Account Number: **0285
 Routing Number: 104102309

Items	Quantity	TPE Order ID	Total Amount
Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)	1	54161051	\$400.00

Applicant Name:: **Legacy Cooperative**
 Trade Name (DBA):: **Main St Market Wine & Spirits**
 Address:: **401 S Beltline Hwy W**
 City:: **Scottsbluff**
 State:: **NE**
 Zip Code:: **69361**
 Phone Number:: **3086335300**
 Email Address:: **banking@panhandlecoop.com**

Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)	1	54161051	\$400.00
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Applicant Name:: **Legacy Cooperative**
 Trade Name (DBA):: **Bridgeport Ampride**
 Address:: **102 W 5th St**
 City:: **Bridgeport**
 State:: **NE**
 Zip Code:: **69336**
 Phone Number:: **3082620827**
 Email Address:: **banking@panhandlecoop.com**

Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)	1	54161051	\$400.00
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Applicant Name:: **Legacy Cooperative**
 Trade Name (DBA):: **Northgate Ampride**
 Address:: **3302 Ave B**

City:: **Hyannis**

State:: **NE**

Zip Code:: **69361**

Phone Number:: **3086353302**

Email Address:: **banking@panhandlecoop.com**

Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)	1	54161051	\$400.00
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Applicant Name:: **Legacy Cooperative**

Trade Name (DBA):: **Main Street Market**

Address:: **815 E 3rd St**

City:: **Kimball**

State:: **NE**

Zip Code:: **69145**

Phone Number:: **3082353272**

Email Address:: **banking@panhandlecoop.com**

Retail Liquor License (Class A, B, C, D, I, J, AB, AD, IB)	1	54161051	\$400.00
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Applicant Name:: **Legacy Cooperative**

Trade Name (DBA):: **Hyannis C-Store**

Address:: **13161 E Hwy 2**

City:: **Hyannis**

State:: **NE**

Zip Code:: **69350**

Phone Number:: **3084582700**

Email Address:: **banking@panhandlecoop.com**

Total remitted to the Nebraska Liquor Control Commission			\$2,000.00
--	--	--	------------

Total Amount Charged			\$2,001.75
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I authorize "" to electronically debit my account.

Customer Copy

PAYPORT

NEBRASKA.GOV

PURCHASE RECEIPT

Nebraska Liquor Control Commission

P.O. Box 95046
Lincoln NE 68509-5046
(402)471-4881
brenda.hiland@nebraska.gov
OTC Local Ref ID: 93556810
3/22/2024 08:47 AM

Status: **APPROVED**
Customer Name: Legacy Cooperative
Account Number: *****0648
Routing Number: 107007508

Items	Quantity	TPE Order ID	Total Amount
Catering Endorsement (Class K)	1	83652292	\$100.00
License Number:: 999999			
Trade Name (DBA):: Main Street Market Wine & Spirits			
Address:: 401 S Beltline Hwy W			
City:: Scottsbluff			
State:: NE			
Zip Code:: 69361			
Phone Number:: 308-632-5301			
Email Address:: banking@legacycoop.com			
Total remitted to the Nebraska Liquor Control Commission			\$100.00
Total Amount Charged			\$101.75

I authorize "" to electronically debit my account.

Customer Copy

*** NO EXTENSIONS OF THIS PERMIT WILL BE ALLOWED***

Temporary Operating Permit

Nebraska Liquor Control Commission

24 – 330 Class CK

Issued: March 22, 2024 – Expires: June 20, 2024

Legacy Cooperative

dba: Main Street Market Wine & Spirits

401 S Beltline Hwy W, Scottsbluff, NE 69361 Scotts Bluff County

Description: One story building approx 161 x 309



**Hobert B Rupe - Executive Director
Nebraska Liquor Control Commission
301 Centennial Mall South, 1st Floor
Lincoln, NE 68509
(402) 471 – 2571**

