



Nebraska Liquor Control

301 Centennial Mall
South - 1st Floor PO
Box 95046 Lincoln
NE 68508

Application Copy

File Number: 155038

AMENDMENT TYPE Manager Change Amendment	APPLICATION DATE RECEIVED 2026-03-02
CURRENT MANAGER NAME	CURRENT MANAGER EMAIL
NEW MANAGER NAME	NEW MANAGER EMAIL

QUESTIONS

Class A Beer On Sale Only

1. Per Nebraska Revised Statute 53-103.18 - Manager, defined: Manager means a person appointed by a corporation or limited liability company to oversee the daily operation of the business licensed in Nebraska. A manager shall meet all the requirements of the Nebraska Liquor Control Act as though he or she were the applicant, including residency.

What is the premises manager's name?

David Staab

2. What is the manager's address?

3103 Brentwood Blvd, Grand Island

3. What is the manager's phone number?

308-390-3874

4. What is the manager's email address? An email will be sent to them to obtain their personal information.

dstaab@staabmgt.com

5. What county is the manager registered to vote in?

The manager must be a resident of the state of Nebraska. If the manager is not registered to vote they can complete their voter registration here - <https://www.nebraska.gov/apps-sos-voter-registration/>

Hall

6. Is the manager married?

Yes

Jill Staab

7. Do you have prior experience or training in selling, serving or managing alcohol sales?

8. Do you qualify under Nebraska Liquor Control Act (53-131.01) and do you intend to supervise, in person, the management of the business?

Yes

9. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY

Has the new manager, or their spouse, EVER been convicted of or plead guilty to any charge?

*The Commission must be notified of any arrests and/or convictions that may occur after the date of this application.

Yes

(document uploaded)

APPLICANT

DECLARATION

I (We) the applicant(s) agree and consent

I declare under penalty of perjury that I have read the contents of this amendment application and, to the best of my knowledge, believe all statements made in this amendment application are true, correct, and complete.

MANAGER AMENDMENT

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

MANAGER INFORMATION

Last Name: David First Name: Staab MI: W
Home Address: 3103 Brentwood Blvd
City: Grand Island County: Hall Zip Code: 68801
Home Phone Number: 308-390-3874
Email address: dstaab@staabmgt.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: Staab First Name: Jill MI: K

*If the manager is married; their spouse must also meet the same requirements

*The spouse of the manager may submit the Affidavit of non-participation if they have no involvement in the business whatsoever. Affidavit of Non-Participation means your spouse will not have anything to do with the business holding the liquor license. They will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as the owner or in any way participate in the day-to-day operations of this business in any capacity.

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has any officer, member, owner, or manager named in 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 (& month if known) of the conviction or plea. This question includes traffic violations other than speeding. PLEASE NOTE: NOTIFICATION IS REQUIRED TO THE LIQUOR COMMISSION IF ANY ARRESTS OR CONVICTIONS OCCUR AFTER THE SUBMISSION OF THIS APPLICATION.

YES NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
David Staab	1986	Aurora, NE	DUI	Guilty
David Staab	1987	Siuox Falls, SD	DUI	Guilty
David Staab	1982	Lincoln, NE	Reckless Dr 1st	Guilty
David Staab	2010	ST Paul, NE	Speeding	Guilty
David Staab	2011	Valentine, NE	Speeding	Guilty

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

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.nebraska.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent myself as the owner or **in any way participate in the day to day operations of this business in any capacity.** The penalty guideline for violation of this affidavit is cancellation of the liquor license.

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

Jill K. Staab
Signature of **NON-PARTICIPATING SPOUSE**
Jill K Staab
Print Name

David W. Staab
Signature of **APPLICANT**
David W. Staab
Print Name

State of Nebraska, County of Hall

State of Nebraska, County of Hall

The foregoing instrument was acknowledged before me
this 2-25-2026 (date)

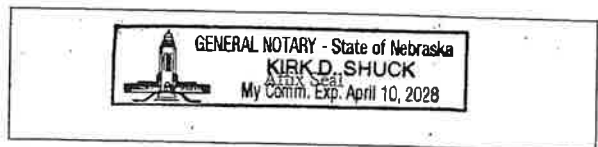
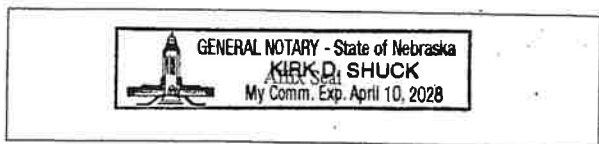
The foregoing instrument was acknowledged before me
this 2-25-2026 (date)

by Jill K Staab
Name of person acknowledged
(Individual signing document)

by David W. Staab
Name of person acknowledged
(Individual signing document)

Kirk D. Shuck
Notary Public Signature

Kirk D. Shuck
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.