

Memorandum

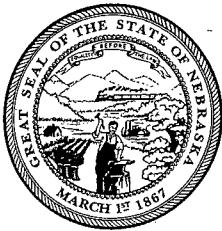


To: Mayor and Council
CC: Brenda Gunn, Rita Ramirez
From: Pam Buethe *LB*
Date: 3/29/2012
Re: Consent Agenda Item A9 – Application for manager – Island Bar & Grill

This is the manager application for Larry Fields, who is a corporate officer of Fields, Inc. dba Island Bar & Grill.

All this agenda item would require is a motion to approve the manager application for Larry Fields and therefore it has been placed on the Consent Agenda.

Please contact me with any questions.



Dave Heineman
Governor

March 12, 2012

LA VISTA CITY CLERK
8116 PARK VIEW BLVD
LA VISTA NE 68128 2198

RE: Island Bar & Grill

LICENSE #C-79069

Dear Clerk:

Enclosed is a copy of a manager application for Larry Fields in connection with the Island Bar & Grill located in LaVista.

Please present this application for manager to your City/Village Council or County Commissioners and send us the results of their action.

Sincerely,

A handwritten signature in cursive script that appears to read "Jacqueline Rodriguez".

Jacqueline Rodriguez
Licensing Division
NEBRASKA LIQUOR CONTROL COMMISSION
402-471-2572

encl.

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

William F. Austin
Commissioner

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lec.ne.gov

Office Use

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

JR

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Fields, Inc

Premise information

Premise License Number: 79069

(if new application leave blank)

Premise Trade Name/DBA: Island Bar & Grill

Premise Street Address: 7826 S. 123rd Plz STE E&F

City: La Vista State: NE Zip Code: 68128

Premise Phone Number: 402-933-7931

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b
must sign their name below.

Larry E. Fields

**CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)**



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

Gender: MALE FEMALE

Last Name: fields First Name: Larry MI: F

Home Address (include PO Box if applicable): 7407 S. 77th Ave

City: LaVista State: NE Zip Code: 68128

Home Phone Number: 402-339-7897 Business Phone Number: 402-933-7330

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: 12-28-51 Place Of Birth: KS

Are you married? If yes, complete spouses information (Even if no spousal affidavit has been submitted)

YES

NO

Spouse's Information

Spouses Last Name: fields First Name: Lyette MI: S

Social Security Number: _____ Drivers License Number & State: 21-0-3601

Date Of Birth: 3-29-36 Place Of Birth: NE

APPLICANT AND SPOUSE MUST LIST RESIDENCES FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
<u>LaVista, NE</u>	<u>1974</u>	<u>2011</u>			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>2002</u>	<u>2007</u>	<u>Logan Contractor Supply</u>	<u>Mike Bruckner</u>	<u>402-939-3900</u>

Manager and spouse must review and answer the questions below.

PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

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.

YES NO If yes, please explain below or attach a separate page.

DUI 7/92 LaVista, NE

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES, list the name of the premise.**

YES NO Island Bar & Grill

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

YES NO Enclosed
Previously filed with Liquor license

5. List the training and/or experience (when and where)

Date:	Where:
02/08	Island Bar & Grill

PERSONAL OATH AND CONSENT FOR INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission.

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.

Larry E. Fields
Signature of Manager Applicant

Lylith S. Fields
Signature of Spouse

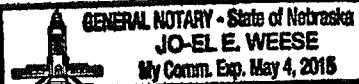
State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before
me this 13th of Jan 2012 by

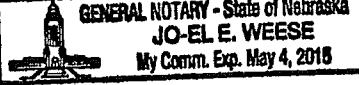
JO-EL E. WEENE
Notary Public signature

Affix Seal Here



GENERAL NOTARY - State of Nebraska
JO-EL E. WEENE
My Comm. Exp. May 4, 2015

Affix Seal Here



GENERAL NOTARY - State of Nebraska
JO-EL E. WEENE
My Comm. Exp. May 4, 2015

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

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JAN 26 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

CERTIFICATE OF		LIVE BIRTH		BIRTH NUMBER	
KANSAS STATE BOARD OF HEALTH Division of Vital Statistics		FEB 14 1952		DO NOT WRITE IN THIS SPACE 52-045009	
1. PLACE OF BIRTH a. COUNTY Gardner		2. USUAL RESIDENCE OF MOTHER (Where does mother live) b. STATE Mo TOWN Gardner		3. CITY (If outside corporate limits, write RURAL and give township) c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City	
4. FULL NAME OF (If NOT Hospital or institution, give street and city) 1. HOSPITAL OR INSTITUTION 5. CHILD'S NAME (Type or print) 6. (First) Daisy		5. SIBLING 7. FULL NAME a. (First) b. (Middle) c. (Last) Male		6. DATE (Month) (Year) OF BIRTH 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Dec 28 (Year)	
7. FULL NAME 8. THIS BIRTH Single <input type="checkbox"/> Twin <input type="checkbox"/> Triple <input type="checkbox"/>		9. AGE (at time of birth) 26 YEARS		10. BIRTH PLACE (State or foreign country) Gardner	
11. MOTHER'S NAME Dorothy Fields		12. FULL MAIDEN NAME Dorothy Fields		13. COLOR OR RACE White	
14. DATE (time of the birth) 1952		15. ADDRESS Gardner		16. ATTENDANT M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input type="checkbox"/>	
17. DATE REC'D BY LOCAL REG.		18. REGISTRAR'S SIGNATURE Daisy		19. DATE ON WHICH GIVEN NAME ADDED BY (Initials)	

C E R T I F I E D C O P Y

Topeka, Kansas, September 5, 1957

I hereby certify that the above is a true and exact photographic reproduction of the original certificate on file with the Division of Vital Statistics and Records of the Kansas State Board of Health.

(SEAL)

Division of Vital Statistics and Records

M. M. K.
(State Registrar)

E N° 4518 B

H-6 A

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

CITY OF OMAHA, NEBRASKA
DEPARTMENT OF HEALTH
Division of Vital Statistics
CERTIFICATE OF LIVE BIRTH

165021

1. PLACE OF BIRTH a. COUNTY Douglas		2. USUAL RESIDENCE OF MOTHER: a. STATE Nebraska		b. COUNTY Douglas	
b. CITY (If outside corporate limits, write RURAL) OR TOWN Omaha		c. CITY (If outside corporate limits, write RURAL) OR TOWN Omaha-rural			
c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR INSTITUTION Lutheran Hospital		d. STREET ADDRESS 7158 Rogers Road			
3. CHILD'S NAME (Type or print) Lylette		e. (First) Sue		c. (Last) Armstrong	
4. SEX female	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH March 29, 1956		
FATHER OF CHILD					
7. FULL NAME a. (First) Lyle		b. (Middle) William		c. (Last) Armstrong	
8. AGE (At time of this birth) 32 Yrs.		10. BIRTHPLACE (City, town or county) (State or foreign country) GRISWOLD, IOWA		11a. USUAL OCCUPATION Truck Driver	
11b. KIND OF BUSINESS OR INDUSTRY Watson Brothers Company					
MOTHER OF CHILD					
12. FULL MAIDEN NAME a. (First) Maurene		b. (Middle) Clover		c. (Last) Mills	
13. COLOR OR RACE white					
14. AGE (At time of this birth) 35 Yrs.		15. BIRTHPLACE (City, town or county) (State or foreign country) Oakland, IOWA		16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? b. How many OTHER children were born alive but are now dead? c. How many children were stillborn (born dead after 20 weeks pregnancy)?	
17. INFORMANT'S SIGNATURE OR NAME-Relationship Mrs. Maurene Armstrong-mother		3		0 0	
18a. SIGNATURE A. Greenberg, M.D.		18b. M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)			
18c. ADDRESS 320 Medical Arts Bldg.		19. MOTHER'S MAILING ADDRESS same as Item #2			
20. DATE REC'D BY LOCAL REG. 4/3/1956		21. REGISTRAR'S SIGNATURE E.D. Lyman, M.D.			

I hereby certify that the above is a true and correct copy of the certificate of birth recorded in the City of Omaha, County of Douglas, State of Nebraska.

Dated this 17th day of August, 1956.

D. Hyman M.D.
Registrar

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FEB 8 2012

NEBRASKA LIQUOR
CONTROL COMMISSION



**Search Your Voter
Registration
Information**



**Search Your
Polling
Place**



**Search Your
Provisional Ballot**



**Search Your
Absentee Ballot**

Registrant Detail

Name	Lylette Fields
Party	Nonpartisan
Polling Place	La Vista City Hall - Community Center 34 8116 Park View Blvd. La Vista, NE 68128

Districts

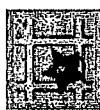
District Name	District Type
Papillion-La Vista Public Schs	School District
Metro Com College Dist 5	Community College District
U.S. Congressional District 2	U.S. Congressional District
Appeals Court Judge Dist 4	Judge of Appeals Court Dist.
County Judge Dist 2	Judge of County Court Dist.
District Judge, Dist 2	Judge of District Court Dist.
Juv Crt Judge, Sarpy Co.	Judge of Juvenile Court
Supreme Court Judge Dist 4	Judge of Supreme Court Dist.
Legislative District 14	Legislative District
Papio NRD SubD 8	Natural Resources District
Omaha PPD SubD Suburban	Public Power District
PSC District 3	Public Service Comm District
Board of Regents District 4	Board of Regents
ESU 3 District 4	ESU District
La Vista City Council Ward 2	City Council (Ward)
County Commissioner District 4	County Board (Commiss./Superv)
Mayor of La Vista	Mayor
Metropolitan Utilities Distr	Utilities District
State Board of Education Dist4	State Board of Education
Learning Community 1 - Dist 6	Learning Community Coordinating Council

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Registration
Information



Search Your Polling
Place



Search Your
Provisional Ballot



Search Your
Absentee Ballot

Registrant Detail

Name	Larry Fields
Party	Nonpartisan
Polling Place	La Vista City Hall - Community Center 34 8116 Park View Blvd. La Vista, NE 68128

Districts

District Name	District Type
Papillion-La Vista Public Schs	School District
Metro Com College Dist 5	Community College District
U.S. Congressional District 2	U.S. Congressional District
Appeals Court Judge Dist 4	Judge of Appeals Court Dist.
County Judge Dist 2	Judge of County Court Dist.
District Judge, Dist 2	Judge of District Court Dist.
Juv Crt Judge, Sarpy Co.	Judge of Juvenile Court
Supreme Court Judge Dist 4	Judge of Supreme Court Dist.
Legislative District 14	Legislative District
Papio NRD SubD 8	Natural Resources District
Omaha PPD SubD Suburban	Public Power District
PSC District 3	Public Service Comm District
Board of Regents District 4	Board of Regents
ESU 3 District 4	ESU District
La Vista City Council Ward 2	City Council (Ward)
County Commissioner District 4	County Board (Commiss./Superv)
Mayor of La Vista	Mayor
Metropolitan Utilities Distr	Utilities District
State Board of Education Dist4	State Board of Education
Learning Community 1 - Dist 6	Learning Community Coordinating Council

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