

Memorandum



To: Mayor and Council

CC: Brenda Gunn, Rita Ramirez

From: Pam Buethe 

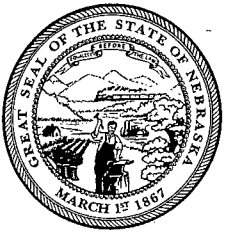
Date: 3/29/2012

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

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814 or (402) 471-2374

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

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,

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.lcc.ne.gov

Office Use

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JAN 26 2012

**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 E4F

City: La Vista State: NE Zip Code: 68128

Premise Phone Number: 402-933-7930

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

Lang 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: E

Home Address (include PO Box if applicable): 7467 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 spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

Spouse's information

Spouses Last Name: Fields First Name: Lyllette MI: S

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

Date Of Birth: 3-29-56 Place Of Birth: NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

| APPLICANT | | | SPOUSE | | |
|--------------------|--|------------------|--------------|--|-----------------|
| CITY & STATE | | YEAR FROM TO | CITY & STATE | | YEAR FROM TO |
| <u>LaVista, NE</u> | | <u>1974 2011</u> | | | |
| | | | | | |
| | | | | | |
| | | | | | |

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|------------------|--------------------------------|----------------------|---------------------|
| <u>2002 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: |
|--------------|-------------------------------|
| <u>02/08</u> | <u>Island Bar & Grill</u> |
| | |
| | |

PERSONAL OATH AND CONSENT OF INVESTIGATION

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

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

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.

Joel E. Weese
Signature of Manager Applicant

Lynette S. Fields
Signature of Spouse

State of Nebraska

County of Douglas

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

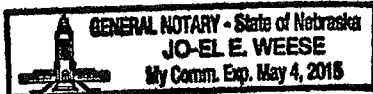
County of Douglas

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

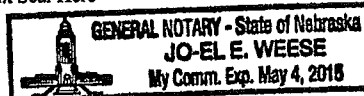
Joel E. Weese
Notary Public signature

Joel E. Weese
Notary Public signature

Affix Seal Here



Affix Seal Here



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

RECEIVED

JAN 26 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

| KANSAS STATE BOARD OF HEALTH Division of Vital Statistics | | | | CERTIFICATE OF LIVE BIRTH | | BIRTH NUMBER | |
|--|--|--|--|--|--|---|--|
| 12971 | | | | FEB 14 1952 | | 51 645089 | |
| 1. PLACE OF BIRTH a. County <u>Anderson</u> b. City (if outside corporate limits, write RURAL and give township) <u>Harper</u> c. Full Name of (if NOT in hospital or institution, give street address) <u>Harper</u> | | | | 2. USUAL RESIDENCE OF MOTHER (where does mother live?) a. State <u>Mo.</u> b. County <u>Jackson</u> c. City (if outside corporate limits, write RURAL and give township) <u>Farmersburg</u> d. Street Address (if rural, give location) <u>1003 Bailey</u> | | DO NOT WRITE IN THIS SPACE | |
| 3. CHILD'S NAME (Type or print) a. (First) <u>Larry</u> b. (Middle) <u>James</u> c. (Last) <u>Fields</u> | | | | 4. SEX a. THIS BIRTH Male <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> | | 5. DATE (Month) (Day) (Year) OF BIRTH <u>Dec 28 1951</u> | |
| 7. FULL NAME a. (First) <u>Larry</u> b. (Middle) <u>James</u> c. (Last) <u>Fields</u> | | | | 8. COLOR OR RACE <u>White</u> | | 9. AGE (at time of this birth) <u>26 YEARS</u> | |
| 10. BIRTH PLACE (State or foreign country) <u>Anderson, Mo.</u> | | | | 11. USUAL OCCUPATION <u>Student</u> | | 12. KIND OF BUSINESS OR INDUSTRY <u>College</u> | |
| 13. FULL MAIDEN NAME a. (First) <u>Harriet</u> b. (Middle) <u>Therese</u> c. (Last) <u>Heckland</u> | | | | 14. CHILDREN PREVIOUSLY BORN TO MOTHER (Do NOT include stillborns) How many OTHER? <u>Two</u> How many OTHER children? <u>None</u> | | 15. COLOR OR RACE <u>White</u> | |
| 16. SIGNATURE I hereby certify that this child was born alive on the date stated above. <u>Larry James Fields</u> | | | | 17. ATTENDANT at birth M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other <input checked="" type="checkbox"/> | | 18. DATE SIGNED <u>Jan 5 1952</u> | |
| 19. DATE REC'D BY LOCAL REG. <u>1-14-1952</u> | | | | 20. REGISTRAR'S SIGNATURE <u>William M. ...</u> | | 21. DATE ON WHICH GIVEN NAME ADDED By <u>...</u> (Registrar) | |

CERTIFIED COPY

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

William M. ...
(State Registrar)

E N° 4518 B

H-3 A

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICECITY 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 HOSPITAL OR INSTITUTION Lutheran Hospital | | d. STREET ADDRESS (If rural, give location) 7458 Rogers Road | |
| 3. CHILD'S NAME (Type or print) a. (First) Lylette b. (Middle) Sue c. (Last) Armstrong | | 4. DATE OF BIRTH (Month) (Day) (Year) March 29, 1956 | |
| 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"/> | |
| FATHER OF CHILD | | | |
| 7. FULL NAME a. (First) Lyle b. (Middle) William c. (Last) Armstrong | | 8. COLOR OR RACE white | |
| 9. 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? 3 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0 | |
| 17. INFORMANT'S SIGNATURE OR NAME—Relationship Mrs. Maurene Armstrong-mother | | | |
| 18a. SIGNATURE A. Greenberg, M.D. | | 18b. M. D. <input type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify) | |
| 18a. ADDRESS 320 Medical Arts Bldg. | | 19. MOTHER'S MAILING ADDRESS same as Item #2 | |
| 20. DATE RECD 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,.....19...56.

E.D. Lyman 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

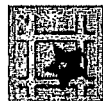
| District Name | District Type |
|--------------------------------|---|
| Papillion-La Vista Public Schs | School District |
| Metro Com College Dist 5 | Community College District |
| U.S. Congressional District 2 | U.S. Congressional District |
| Appeals Court Judge Dist 4 | Judge of Appeals Court 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 (Commis./Superv) |
| Mayor of La Vista | Mayor |
| Metropolitan Utilities Distric | Utilities District |
| State Board of Education Dist4 | State Board of Education |
| Learning Community 1 - Dist 6 | Learning Community Coordinating Council |

[Información en español](#)

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**Search Your Voter
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 Distric | Utilities District |
| State Board of Education Dist4 | State Board of Education |
| Learning Community 1 - Dist 6 | Learning Community Coordinating Council |

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