A-9

LA VISTA POLICE DEPARTMENT
INTER-DEPARTMENT MEMO

TO: **Pam Buethe, City Clerk**

FROM: **Chief Robert S. Lausten**

DATE: **April 11, 2017**

RE: **LOCAL BACKGROUND- MANAGER**
KWIK SHOP 664 108/HARRISON

CC:

The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Manager application. June Larmer has no record in Nebraska.

As with all Nebraska Retail Liquor Licenses, I am asking that the applicant strictly conform to Nebraska Liquor Control Commission rules and regulations under (Sec 53-131.01) Nebraska Liquor Control Act.

MANAGER APPLICATION
INSERT - FORM 3c

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

Office Use

MUST BE:

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 14? for further information, read form carefully to avoid delays in processing, this form MUST be included with your application
- ✓ 21 years of age or older

Corporation/LLC Information

Name of Corporation/LLC: Kwik Shop, Inc.

Premise Information

Liquor License Number: ~~067239~~ 10676 Class Type: D (If new application leave blank)

Premises Trade Name/DBA: Kwik Shop # 664

Premises Street Address: ~~6910 Florida St~~ 5108th street

City: La Vista County: Sarpy Zip Code: 68138

Premises Phone Number: 402-593-9286

Premises Email address: business.license@kroger.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. To see authorized officers or members search your license information here.

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

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

Last Name: Larmer First Name: June MI: E

Home Address: 10665 Charles Plaza Apt. 933

City: Omaha County: Douglas Zip Code: 68114

Home Phone Number:

Driver's License Number & State:

Social Security Number:

Date Of Birth: Place Of Birth: Iowa

Email address: june.larmer@kwikshop.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: Larmer First Name: Gregory MI: J

Social Security Number:

Driver's License Number & State:

Date Of Birth: Place Of Birth: Colorado

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

APPLICANT — Gregory Larmer — **SPOUSE** — June Larmer

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, NE	2006	present	Omaha, NE	2009	present
			Ankeny, IA	2007	2009

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001	present	Kwik Shop	David Guillory	850-686-5791
1997	2001	Hometown Pizza	Gabriel Cullom	575-622-0606

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**
   Must be completed by both applicant and spouse, unless sponse 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.

*NLCC Training Certificate Issued: RBST Name on Certificate: June Eva Marie Larmer

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
June Eva Marie Larmer	04/2016	Responsible Beverage Service Training-General
		RB-0061333

*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed form 147 regarding fingerprints?

☐ YES ☑ NO *Fingerprints on File*

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 sponse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, a spousal affidavit of non-participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Applicant Notification and Record Challenge: *Your fingerprints will be used to check the criminal history records of the* FBI. *You have the opportunity to complete or challenge the accuracy of the information contained in* FBI *identification record. The procedures for obtaining a change, correction, or updating an* FBI *identification record are set forth in Title 28, CFR, 16.34.*

Gregory Eva Marie Larmer
Signature of Manager Applicant

Gregory June Larmer
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this March 15, 2017 (date) by June Larmer Gregory Larmer (NAME OF PERSON BEING ACKNOWLEDGED)

Rosalind R. Sells
Notary Public signature

Affix Seal

State of Nebraska - General Notary
ROSALIND R SELLS
My Commission Expires
May 11, 2019

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

Print Form

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.ne.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit 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 or represent myself as the owner or in any way participate in the day to day operations of this business in my capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Gregory James Larmer
Signature of spouse asking for waiver
(Spouse of individual listed below)

Gregory James Larmer
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

March 15, 2017 by Gregory Larmer
date name of person acknowledged

Rosalind R. Sells
Notary Public signature

Affix Seal

State of Nebraska - General Notary
ROSALIND R SELLS
My Commission Expires
May 11, 2019

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

June Eva Marie Larmer
Signature of individual involved with application
(Spouse of individual listed above)

June Eva Marie Larmer
Printed name of applying individual

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

March 15, 2017 by June Larmer
date name of person acknowledged

Rosalind R. Sells
Notary Public signature

Affix Seal

State of Nebraska - General Notary
ROSALIND R SELLS
My Commission Expires
May 11, 2019

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.

FORM 35-1178
Revised 1/2008

RBST Online
Training Credentials

JUNE EVA MARIE LARMER

has earned a

Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

RB-0061333

Expires: 04-07-2019 Amount Paid: $

Responsible Beverage Service Training

N E B R A S K A

RBST Online
Training Credentials

General	Credential	Number	Earned	Expires
June Eva marie Larmer *10665 charles plaza 933* Omaha NE 68114	RBST GENERAL	RB-0061333	04-07-2016	04-07-2019