

**LA VISTA POLICE DEPARTMENT
INTER-DEPARTMENT MEMO**

TO: Pam Buethe, City Clerk

FROM: Chief Robert S. Lausten

DATE: August 1, 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. Nicholas Wernecke has no criminal 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 147 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

Premises information

Liquor License Number: 106676 Class Type D (if new application leave blank)

Premises Trade Name/DBA: KWIK SHOP#664

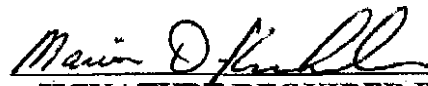
Premises Street Address: 6910 SOUTH 108TH STREET

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)

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

Last Name: Wernecke First Name: Nicholas MI: W

Home Address (include PO Box if applicable): 5924 S 152nd Ave

City: Omaha County: Douglas Zip Code: 68137

Home Phone Number: 402-350-0520 Business Phone Number: _____

Social Security Number _____ vers License Number & State: _____

Date Of Birth: 6/6/86 Place Of Birth: Davenport Iowa

Email address: Nick.Wernecke@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: Wernecke First Name: Kristy MI: L

Social Security Number _____ Drivers License Number & State _____

Date Of Birth: 9/16/88 Place Of Birth: Council Bluffs Iowa

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
Omaha Nebraska	2012	present	Omaha Nebraska	2012	Present
Fremont Nebraska	2010	2012	Fremont Nebraska	2010	2012
Council Bluffs Iowa	2009	2010	Council Bluffs Iowa	2009	2010
Owland Park Kansas	2008	2009	Owland Park Kansas	2008	2009
Council Bluffs Iowa	2004	2008	Council Bluffs Iowa	2006	2008

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CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009 Present	Kwik Shop	David Guillory	402-591-1888
2008 2009	Dr Pepper	Unknown	

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. 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.

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

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CONTROL COMMISSION

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: 11/4/16 Name on Certificate: Nicholas William Wernecke

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Nicholas Wernecke	11/4/16	RBST General

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Nicholas Wernecke / District Mgr	2009	Various locations Kwik Shops

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES

☐ NO

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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. 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.

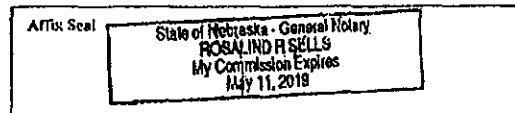
Nicholas Wernicke
Signature of Manager Applicant

Kristal Wernicke
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas The foregoing instrument was acknowledged before me this
April 24, 2017 by Nicholas & Kristal Wernicke
date name of person acknowledged

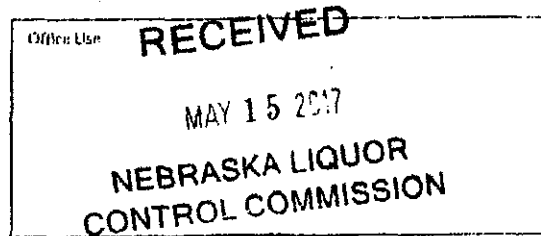
Rosalind H. Sells
Notary Public signature



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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95016
LINCOLN, NE 68509-5016
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.

Khrystahl Wernecke
Signature of **NON-PARTICIPATING SPOUSE**

Khrystahl Wernecke
Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me
this May 2, 2017 (date)

by Khrystahl Wernecke
Name of person acknowledged
(Individual signing document)

Rosalind R. Sells
Notary Public Signature



Nicholas Wernecke
Signature of **APPLICANT**

Nicholas Wernecke
Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me
this May 2, 2017 (date)

by Nicholas Wernecke
Name of person acknowledged
(Individual signing document)

Rosalind R. Sells
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.

**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.lee.nebraska.gov

Office Use Only	
Class: _____	License #: _____

Applicant Name: Kwik Shop Inc.
(Corporation, LLC, Partnership or Individual)

Trade Name: _____
(Doing Business As)

Phone Number

Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.
- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Applicant Guidelines".
- **DO NOT** send fee payments to the NLCC - fees **MUST** be paid directly to NSP:
- 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/psp
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
3800 NW 12th Street
Lincoln, NE 68521
- Fingerprints taken at NSP 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 will be released to the applicants;
Fingerprint cards should be submitted with the application.

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**NEBRASKA LIQUOR
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Please complete information on the following pages for EACH person fingerprinted.

1. Name: Nicholas Wernicke Date of Birth: 06/10/86 Last 4 SSN: 0876
Date fingerprints were taken: 05/09/17 Location where fingerprints were taken: ND
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 ☐

2. Name: _____ Date of Birth: _____ Last 4 SSN: _____
Date fingerprints were taken: _____ Location where fingerprints were taken: _____
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 ☐

3. Name: _____ Date of Birth: _____ Last 4 SSN: _____
Date fingerprints were taken: _____ Location where fingerprints were taken: _____
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 ☐

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CONTROL COMMISSION**

4. Name: _____ Date of Birth: _____ Last 4 SSN: _____
Date fingerprints were taken: _____ Location where fingerprints were taken: _____
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 ☐

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 a FBI identification record are set forth in Title 28, CFR, 16.34.

I hereby certify that fees of \$45.25 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Nicholas Wernicke Title: District Manager

Signature: Nicholas Wernicke Date: 5/12/17

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