

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

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** August 1, 2017

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

**CC:**

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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](http://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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CONTROL COMMISSION

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

Last Name: Werncke First Name: Nicholas MI: W

Home Address (include PO Box if applicable): 5924 3 152nd Ave

City: Omaha County: Douglas Zip Code: 68137

Home Phone Number: 402-350-0520 Business Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

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

Email address: Nick.Werncke@kwikshop.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES

NO

Spouse's information

Spouse's Last Name: Werncke First Name: Khrystahl 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
Overland Park Kansas	2008	2009	Overland Park Kansas	2008	2009
Council Bluffs Iowa	2004	2008	Council Bluffs Iowa	2004	2008

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MANAGERS LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009 present	Kwik Shop	David Guillory	402-391-1808
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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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)
<u>Nicholas Wernecke</u>	<u>11/4/16</u>	<u>RBST General</u>

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

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

5. Have you enclosed Form 147 regarding fingerprints?

YES

NO

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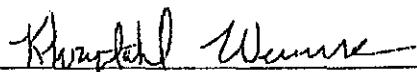
PERSONAL OATH AND CONSENT OF INVESTIGATION

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. (See. §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.

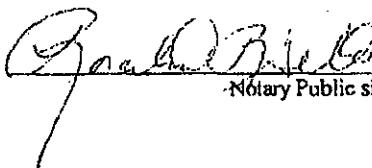
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

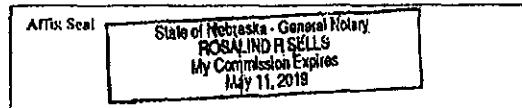
  
Signature of Manager Applicant

  
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska Douglas County of Douglas The foregoing instrument was acknowledged before me this  
April 21, 2017 date by Nicholas & Khrystahl Wernerke  
name of person acknowledged

  
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) 471-2811  
Website: [www.lic.nebraska.gov](http://www.lic.nebraska.gov)

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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 Weynecke  
Signature of NON-PARTICIPATING SPOUSE

Khrystahl Weynecke  
Print Name

State of Nebraska, County of De Soto

The foregoing instrument was acknowledged before me  
this May 15, 2017 (date)

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

Rosalind R. Sells  
Notary Public Signature

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

Nicholas Weynecke  
Signature of APPLICANT

Nicholas Weynecke  
Print Name

State of Nebraska, County of De Soto

The foregoing instrument was acknowledged before me  
this May 15, 2017 (date)

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

Jordan R. Sells  
Notary Public Signature

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.

**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](http://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/nsp](http://www.ne.gov/go/nsp)  
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 12<sup>th</sup> Street  
Lincoln, NE 68521

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**MAY 16 2013**

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CONTROL COMMISSION**

- 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.*

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

1. Name: Nicholas Wehrle Date of Birth: 10/10/86 Last 4 SSN: 0116

Date fingerprints were taken: 05/09/11 Location where fingerprints were taken: NSP

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: RECEIVED

How was payment made to NSP?  NSP PAYPORT  CASH  CHECK SENT TO NSP Ck # MAY 15

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES

**NEBRASKA LIQUOR  
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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 Wehrle Title: District Manager

Signature: Nicholas Wehrle Date: 5/2/11

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***NICHOLAS WILLIAM WERNECKE***

*has earned a*

***Certificate of Achievement***

- for those who serve or sell alcohol in Nebraska

# RB-0072186

Expires: 11-04-2019 Amount Paid: \$

Responsible Beverage Service Training  
**NEBRASKA**