

A-11



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

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** September 5, 2017

**RE:** LOCAL BACKGROUND - MANAGER  
SWIZZLE STICK

**CC:**

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The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Manager application. Glenn Judevine 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

**RECEIVED**

AUG 16 2017

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**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: SSL Operating Group LLC

**Premises information**

Liquor License Number: 117333 Class Type I (if new application leave blank)

Premises Trade Name/DBA: Swizzle Stix Lounge

Premises Street Address: 7101 South 84th Street

City: La Vista County: Sarpy Zip Code: 68128

Premises Phone Number: (402) 339-1606

Premises Email address: corporatefilings@ehpv.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**

(Fax/ed signatures are acceptable)

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

Last Name: Judevine First Name: Glenn MI: P.

Home Address: 14823 Paul Plaza

City: Omaha County: Douglas Zip Code: 68154

Home Phone Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Omaha

Email address: gjudevine@LaVistaKeno.com

**(Are you married? If yes, complete Spouse Information. If not, leave blank and submit this section)**

YES

NO

**Spouse's Information**

Spouse's Last Name: Judevine First Name: Monica MI: C.

Social Security Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Hamburg, Iowa

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

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha NE	1962	2017	Omaha NE	1994	2017

## MANAGER'S STATEMENT OF EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2016 Current	SSL Operating Group LLC	Todd Ryan	402-658-0310
1997 2015	Bag N Save, Spartan Nash	Mark Griffin	402-339-7300

## 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, 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

Unless indicated otherwise, the traffic violations shown date back as far as an online search of Nebraska Department of Motor Vehicles allows. This search was conducted at <https://www.nebraska.gov/dmv/dmrc/index.cgi>, which is an official Nebraska government website and available to the public. Each individual named on the application may have additional traffic violations predating the time period of the online search, or registered in jurisdictions other than Nebraska.

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
Glenn P. Judevine	10/2015	Blair, NE	Speeding	1 Point

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: 6/25/16 Name on Certificate: Glenn P. Judevine

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

\*For list of NLCC Certified Training Programs see [training](#)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Glenn P. Judevine/General Manager	06/01/2016	Swizzle Stix Lounge, 7101 S. 84th Street, La Vista NE 68128

5. Have you enclosed form 147 regarding fingerprints?

YES       NO

## 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 853-131.01) 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.

**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.



Signature of Manager Applicant



Signature of Spouse

### ACKNOWLEDGEMENT

State of Nebraska

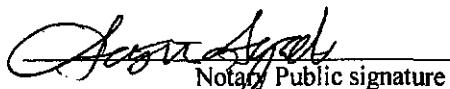
County of Douglas

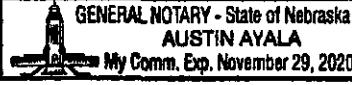
The foregoing instrument was acknowledged before me this

Eighth of August, 2017 date

by Monica + Glen Judewicz

NAME OF PERSON BEING ACKNOWLEDGED

  
Notary Public signature

Affix Seal


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.

***GLENN P JUDEVINE***

*has earned a*

***Certificate of Achievement***

- for those who serve or sell alcohol in Nebraska

# RB-0066247

Expires: 06-25-2019 Amount Paid: \$



**Responsible Beverage Service Training**  
**N E B R A S K A**



## 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](http://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 no 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 any 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.



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

State of Nebraska

County of Douglas

8/9/2017

date

by



Notary Public signature

**Monica C. Judevine**

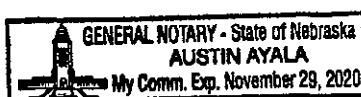
Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this

**Monica C. Judevine**

name of person acknowledged

Affix Seal



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.



Signature of individual involved with application  
(Spouse of individual listed above)

State of Nebraska

County of Douglas

8/9/2017

date

**Glenn P. Judevine**

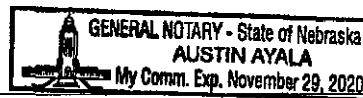
Printed name of applying individual

The foregoing instrument was acknowledged before me this

**Glenn P. Judevine**

name of person acknowledged

Affix Seal



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.