

**RESOLUTION NO. \_\_\_\_\_**

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS D LIQUOR LICENSE APPLICATION FOR JSV, LLC DBA JD'S LIQUOR LOCKER, IN LA VISTA, NEBRASKA.

WHEREAS, JSV, LLC dba JD's Liquor Locker, 8052 S. 84<sup>th</sup> Street, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class D Liquor License, and

WHEREAS, the Nebraska Liquor Control Commission has notified the City of said application, and

WHEREAS, the City has adopted local licensing standards to be considered in making recommendations to the Nebraska Liquor Control Commission, and

WHEREAS, said licensing standards have been considered by the City Council in making its decision.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, hereby recommend to the Nebraska Liquor Control Commission approval of the Class D Liquor License application submitted JSV, LLC dba JD's Liquor Locker, 8052 S. 84<sup>th</sup> Street, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 15TH DAY OF MAY, 2018.

CITY OF LA VISTA

\_\_\_\_\_  
Douglas Kindig, Mayor

ATTEST:

\_\_\_\_\_  
Pamela A. Buethe, CMC  
City Clerk



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

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** April 11, 2018

**RE:** LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER  
JD'S LIQUOR LOCKER

**CC:**

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The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Liquor License and Manager application. Vikram Patel, Saumil Patel, and Bhartkumar Patel have no criminal convictions.

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.

## **Pam Buethe**

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**From:** Jeff Sinnett  
**Sent:** Wednesday, April 25, 2018 7:45 AM  
**To:** Pam Buethe  
**Subject:** FW: New liquor license - JD's Liquor Locker  
**Attachments:** JD's Liquor Locker App.pdf

Pam

After review I have no objections to the change, this is a type "B" occupancy group so the fire sprinkler provision does not apply.

Thanks

Jeff Sinnett  
Chief Building Official  
City Of La Vista  
8116 Park View Blvd.  
La Vista NE 68128  
402-593-6400

**From:** Pam Buethe  
**Sent:** Tuesday, April 17, 2018 9:43 AM  
**To:** Bob Lausten <BLausten@cityoflavista.org>; Jeff Sinnett <JSinnett@cityoflavista.org>  
**Subject:** New liquor license - JD's Liquor Locker

For your review.

Thanks

Pam

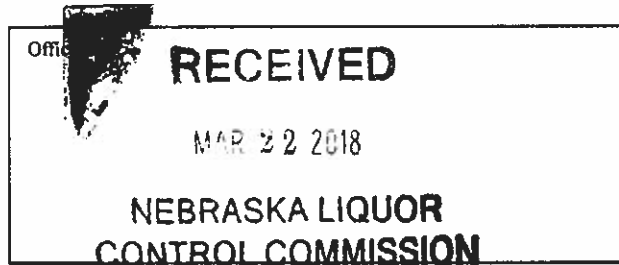
*Pamela A. Buethe CMC MPA  
City Clerk  
City of La Vista  
8116 Park View Boulevard  
La Vista NE 68128  
Phone: (402) 331-4343  
Fax: (402) 331-4375  
[pbuethe@cityoflavista.org](mailto:pbuethe@cityoflavista.org)*

***Accountability · Integrity · Public Service***

**NOTICE:** This e-mail (including any attachments) is covered by the Electronic Communications Privacy Act, 18 U.S.C. §§2510-2521, is confidential and may be legally privileged. If you are not the intended recipient, you are hereby notified that any retention, dissemination, distribution, or copying of this communication (including any attachments) is strictly prohibited. Please reply to the sender that you have received the message in error, then delete it.

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

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)



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Steven G. Ranum

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
JSV, LLC

LLC Address: 7842 North 151st Street

City: Bennington State: NE Zip Code: 68007

LLC Phone Number: 714-742-9475 LLC Fax Number: N/A

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Patel First Name: Vikram MI: K.

Home Address: 7842 North 151st Street City: Bennington

State: NE Zip Code: 68007 Home Phone Number: 714-742-9475

A handwritten signature in black ink, appearing to read "Vikram Patel".

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Douglas

March 22, 2018  
Date

Steven G. Ranum

The foregoing instrument was acknowledged before me this

by Vikram Patel

name of person acknowledge

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Patel First Name: Vikram MI: K.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Hetal V. Patel ✓

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 33.3%

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Last Name: Patel First Name: Saumil MI: J.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Shivani S. Patel ✓

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 33.3%

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Last Name: Patel First Name: Bharatkumar MI: C.

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Jagruti B. Patel ✗

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 33.3%

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Is the applying Limited Liability Company controlled by another corporation/company?

☐ YES

☒ NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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Indicate the company's tax year with the IRS (Example January through December)

Starting Date: January 1st Ending Date: December 31st

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Is this a Non Profit Corporation?

☐ YES

☒ NO

If yes, provide the Federal ID #. \_\_\_\_\_

**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.nebraska.gov

Office Use

**RECEIVED**

MAR 22 2018

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

☒ 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.

[Signature]  
Signature of **NON-PARTICIPATING SPOUSE**

Hetal V Patel  
Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me  
this 20th day of March, 2018 (date)

by Hetal V. Patel  
Name of person acknowledged  
(Individual signing document)

[Signature]  
Notary Public Signature

[Signature]  
Signature of **APPLICANT**

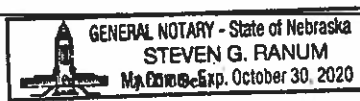
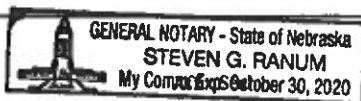
Vikram Patel  
Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me  
this 22nd day of March, 2018 (date)

by Vikram Patel  
Name of person acknowledged  
(Individual signing document)

[Signature]  
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.



**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.nebraska.gov

Office Use

**RECEIVED**

MAR 22 2018

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

☒ 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.

Shivani S. Patel  
Signature of **NON-PARTICIPATING SPOUSE**

Shivani S. Patel  
Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me  
this 20th day of March, 2018 (date)

by Shivani S. Patel  
Name of person acknowledged  
(Individual signing document)

Steven G. Ranum  
Notary Public Signature

Saumil J. Patel  
Signature of **APPLICANT**

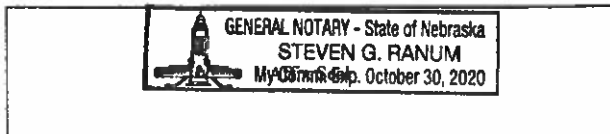
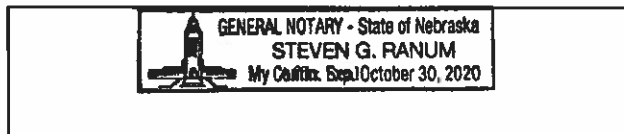
Saumil J. Patel  
Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me  
this 20th day of March, 2018 (date)

by Saumil J. Patel  
Name of person acknowledged  
(Individual signing document)

Steven G. Ranum  
Notary Public Signature



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**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
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Office Use

**RECEIVED**

MAR 22 2018

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

☒ 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.

J. B. Patel  
Signature of **NON-PARTICIPATING SPOUSE**

Jagarti B. Patel  
Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me  
this 20th day of March, 2018 (date)

by Jagarti B. Patel  
Name of person acknowledged  
(Individual signing document)

Steven G. Ranum  
Notary Public Signature

B. Patel  
Signature of **APPLICANT**

Bharatkumar C. Patel  
Print Name

State of Nebraska, County of Douglas

The foregoing instrument was acknowledged before me  
this 20th day of March, 2018 (date)

by Bharatkumar C. Patel  
Name of person acknowledged  
(Individual signing document)

Steven G. Ranum  
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.

**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**

MAR 22 2018

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE  
PROCESSED**

**MANAGER MUST:**

- Complete all sections of the application. Be sure it is signed by a **member or corporate officer**, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who **will not** participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

BARCODE

**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: JSV, LLC

**Premise information**

Liquor License Number: \_\_\_\_\_ Class Type \_\_\_\_\_ (if new application leave blank)

Premise Trade Name/DBA: JD's Liquor Locker

Premise Street Address: 8052 South 84th Street

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-339-1634

Premise Email address: vikram1880@yahoo.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: Patel First Name: Saumil MI: J.

Home Address: 6015 South 191st Terrace

City: Omaha County: NE Zip Code: 68135

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

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

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: Kadi, India

Email address: \_\_\_\_\_

**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: Patel First Name: Shivani MI: S.

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

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: Ahmedabad, India

**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
Ahmedabad, India	2008	2013	Omaha, NE	2008	Present
Omaha, NE	2013	Present			

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
8/10/2015	Present	Ralston Management Group	N/A (Saumil is supervisor)	402-690-5016
12/2013	4/10/15	First Data	Mike Shannon	866-282-8643

## 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

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):

Food Mart; License # 113942; 8204 Harrison Street, Ralston, NE 68128

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: 3/21/2018 Name on Certificate: Saumil Patel

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Saumil J. Patel	03/2018	Nebraska Alcohol Server/Seller Certification

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

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Saumil J. Patel	8/10/2015	Food Mart (Ralston Management Group, LLC); 8204 Harrison Street, Ralston, 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 §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.

***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.

*Sammit J. Patel*

Signature of Manager Applicant

*Shivani Patel*

Signature of Spouse

**ACKNOWLEDGEMENT**

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

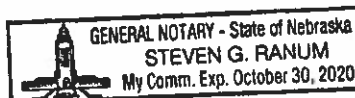
20th and 22nd of March, 2018  
date

by Shivani Patel (on 3/20/18) and Sammit Patel (on 3/22/18)  
NAME OF PERSON BEING ACKNOWLEDGED

*Steven G. Ranum*

Notary Public signature

Affix Seal



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