



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

TO: Pam Buethe, City Clerk

FROM: Chief Robert S. Lausten

DATE: October 23, 2018

RE: LOCAL BACKGROUND- MANAGER
COURTYARD

CC:

The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Manager application. Cameron Kroll has 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.



Pete Ricketts
Governor

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Robert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814 or (402) 471-2374
TRS USER 800 833-7352 (TTY)
web address <http://www.lcc.nebraska.gov/>

October 17, 2018

To: CITY CLERK OF LA VISTA
Email: PBUETHE@CITYOFLAVISTA.ORG
Manager Name: CAMERON N KROLL
Licensee Name: LA VISTA CY CATERING CO. INC
Licensee Trade Name (DBA): COURTYARD MARRIOTT
License Number: 86881
Date Due: November 16, 2018

I have attached a copy of a new corporate manager application that was submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation. Send back to Kim Frederick at kim.frederick@nebraska.gov or fax to (402) 471-2814. If you have questions concerning this matter, please contact our office at (402) 471-2573.

 APPROVED

 NO LOCAL RECOMMENDATION

 DENIED

COMMENTS: (YOU MAY ATTACH MINUTES AND/OR ADDITIONAL NOTES)

Clerk Signature: _____ Date: _____

KMF

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

Bruce Bailey
Commissioner

An Equal Opportunity Employer

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

RECEIVED
 MAY 25 2018
 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

[Redacted]

Name of Corporation/LLC: La Vista CY Catering Co., Inc.

[Redacted]

Liquor License Number: 86881 Class Type CK (If new application leave blank)

Premises Trade Name/DBA: Courtyard Marriott

Premises Street Address: 12560 Westport Prkwy.

City: La Vista County: Sarpy Zip Code: 68128

Premises Phone Number: (402) 339-4900

Premises Email address: Cameron.Kroll@JQH.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](#).

Jacqueline A. Dowdy

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



Manager's Information must be completed below. ~~EMPLOYER INFORMATION~~

Last Name: Kroll First Name: Cameron MI: N

Home Address: 5016 Lafayette Ave.

City: Omaha County: Douglas Zip Code: 68132

Home Phone Number: _____

Driver's License Number & State: _____

Social Security Number: _____

Date Of Birth: _____ Place Of Birth: Loveland, CO

Email address: Cameron.Kroll@JQH.com

Do you want information about your compensation, benefits, and working conditions to be released to your employer if you are terminated? (Check one box)

YES

NO

Employer Information

Spouse's Last Name: Kroll First Name: Benjamin MI: P

Social Security Number: _____

Driver's License Number & State: _____

Date Of Birth: _____ Place Of Birth: Omaha, NE

EMPLOYEE & EMPLOYER INFORMATION

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>5016 Lafayette Ave</u>			<u>Omaha, NE</u>	<u>2015</u>	<u>2018</u>
<u>372 Bond St.</u>			<u>Brooklyn, NY</u>	<u>2006</u>	<u>2014</u>
<u>3312 South 81st St.</u>			<u>Omaha, NE</u>	<u>2014</u>	<u>2015</u>

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2014 2018	Embassy Suites La Jolla	Tony Moody	402-331-7400
2010 2013	Ars Nini (nyc)	Jeremy Blocker	212-489-9800

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):

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: _____ Name on Certificate: _____

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:

5. Have you enclosed form 147 regarding fingerprints?

YES NO

本作品的AI合成图像，禁止用于商业用途，违者追究法律责任。

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.

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.

 X 
X **Signature of Manager Applicant** X **Signature of Spouse**

ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

24th day of May 2018 by Cameron Kroll and Benjamin Kroll
date NAME OF PERSON BEING ACKNOWLEDGED



Notary Public signature

Affix Seal	<p style="text-align: center;">State of Nebraska - General Notary TYSON SUTTON My Commission Expires January 17, 2022</p>
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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.