



LA VISTA POLICE DEPARTMENT INTER-DEPARTMENT MEMO

TO: Pam Buethe, City Clerk

FROM: Chief Robert S. Lausten

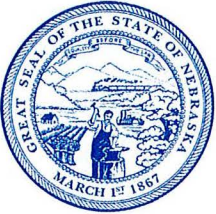
DATE: April 26, 2022

RE: LOCAL BACKGROUND- MANAGER
KWIK SHOP

CC:

The police department reviewed the Nebraska Liquor Control Commission documents completed by the applicant and conducted a check of local records relating to the Manager Application for Robert Burke. No criminal record was located.

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

Hobert B. Rupe
Executive Director
301 Centennial Mall South
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 <https://www.lcc.nebraska.gov>

Today's Date: April 25, 2022
From: Lisa Steward (Lisa.Steward@nebraska.gov)
To: City Clerk of La Vista

I have attached a copy of a new corporate manager application submitted to the Nebraska Liquor Control Commission. Please complete the following information below to indicate your recommendation.

Licensee Name: Kwik Shop Inc
Trade Name (DBA): Kwik Shop 664
License Number: D-106676
Manager Name: Burke, Robert T
Due Date: June 09, 2022

- ☐ APPROVED
☐ NO LOCAL RECOMMENDATION
☐ DENIED

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

Clerk's Name: _____ Date: _____

Kim Lowe
Commissioner

Bruce Bailey
Chairman

Harry Hoch
Commissioner

**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

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APR 22 2022

**NEBRASKA LIQUOR
CONTROL COMMISSION**

MUST BE:

- ✓ 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.**

Premise information

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

Premise Trade Name/DBA: **KWIK SHOP #664**

Premise Street Address: **6910 S 108TH ST**

City: **L AVISTA**

County: **SARPY**

Zip Code: **68046** *68128*

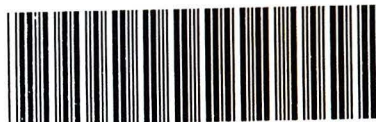
Premise Phone Number: **(402) 593-9286**

Premise Email address: **00664mgr.kw@stores.kwikshop.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)



2200005320

**MANAGER APPLICATION
INSERT - FORM 3c**

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**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

Robert Burke

X 12

NA

OK

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: BURKE ^{*Spouse} First Name: Robert MI: T
Home Address: 3806 So 14th ST
City: Omaha County: Douglas Zip Code: 68107
Home Phone Number: 402 980 5925
Driver's License Number & State: [REDACTED]
Social Security Number: [REDACTED]
Date Of Birth: [REDACTED] Place Of Birth: Manhattan N.Y.
Email address: Robert.BURKE@EG-AMERICA.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: BURKE First Name: Theresa MI: L
Social Security Number: [REDACTED]
Driver's License Number & State: [REDACTED]
Date Of Birth: [REDACTED] Place Of Birth: Omaha NE

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 NE	1984	Current			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2020	Present	EG AMERICA	Josh Kangley	
2019	2020	Rod Lobster		

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

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.


Signature of Manager Applicant


Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

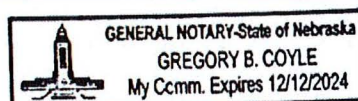
The foregoing instrument was acknowledged before me this

3/9/2022
date

by Robert T Burke and Theresa L Burke
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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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**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.

Theresa L Burke
Signature of **NON-PARTICIPATING SPOUSE**

Theresa L Burke
Print Name

Robert T Burke
Signature of **APPLICANT**

Robert T Burke
Print Name

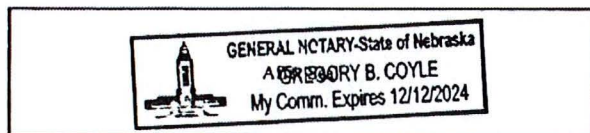
State of Nebraska, County of DOUGLAS

The foregoing instrument was acknowledged before me

this 3/9/2022 (date)

by Theresa L Burke
Name of person acknowledged
(Individual signing document)

[Signature]
Notary Public Signature



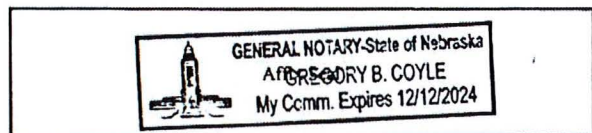
State of Nebraska, County of DOUGLAS

The foregoing instrument was acknowledged before me

this 3/9/2022 (date)

by Robert T Burke
Name of person acknowledged
(Individual signing document)

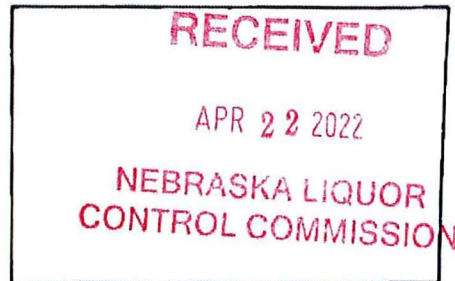
[Signature]
Notary Public Signature



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.

**PRIVACY ACT STATEMENT/
SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED.

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE**

- 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
4600 Innovation Drive
Lincoln, NE 68521

- Fingerprints taken at NSP LIVESCAN 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 may be released to the applicants;
Fingerprint cards should be submitted with the application.

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 the 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.

******Please Submit this form with your completed application to the Liquor Control Commission******

Trade Name Kwik Shop, Inc

Name of Person Being Fingerprinted: Robert T. Burke

Date of Birth: [REDACTED] Last 4 SSN: [REDACTED]

Date fingerprints were taken: March 3, 2022

Location where fingerprints were taken: Omaha - Troop A Headquarters

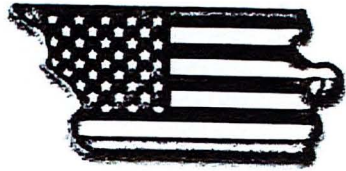
How was payment made to NSP?

☒ 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 ☐



SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED



douglas county
ELECTION COMMISSION

12220 W Center Rd

Omaha, Nebraska 68144

Phone: (402) 444 - VOTE (8683) • Fax (402) 444 - 4181

www.votedouglascounty.com

Brian W. Kruse, Election Commissioner

STATE OF NEBRASKA }
COUNTY OF DOUGLAS } SS

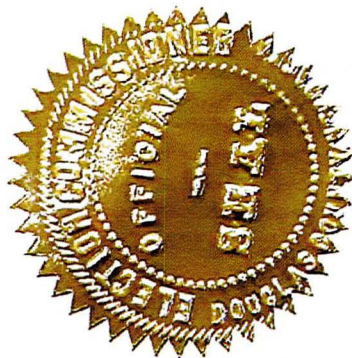
I, BRIAN W. KRUSE, Election Commissioner of Douglas County, Nebraska, do certify that Robert Thomas Burke, now residing at 3806 S 14th St, Omaha, Nebraska 68107, registered for voting in this office on 10/06/2011, stating under oath that he was born in New York, NY, and giving his birth date as [REDACTED]

In testimony whereof, I have hereunto set my hand and caused to be affixed hereto, the seal of this office, in the City of Omaha, County of Douglas, State of Nebraska, this 19th day of April, 2022.

BRIAN W. KRUSE
Election Commissioner of
Douglas County, Nebraska

By

Deputy



Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

ROBERT THOMAS BURKE

holds a

State Alcohol certificate

Permit # RB-0150407

Permit Expires: 04-14-2025 Amount Paid: \$



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



General	Credential	Number	Earned	Expires
Robert Thomas Burke 3806 south 14th street Omaha NE 68107	STATE ALCOHOL	RB-0150407	04-14-2022	04-14-2025

Responsible Hospitality Council

HOSPITALITY ALCOHOL MANAGEMENT SEMINAR REGISTRATION

A registration form must be submitted for each trainee

Last Name BURKE First Name Robert Middle Initial T
Employer EG-AMERICA Job Title DISTRICT MANAGER
Business Address 165 Flanders Rd Your Manager's Name Josh Kangley
City Westborough State MA Zip Code 01581 Business phone _____
How many years have you been at your present place of employment? 2
How many years have you been employed in the hospitality industry? 35

Please return your \$75.00 payment with your completed registration form.
Please mark your choice for training date and send back by the 1st of the month.

Class time 2:00 p.m. – 6:00 p.m.

Due to the Directed Health Measures implemented in Lincoln/Lancaster County in response to the COVID 19 pandemic, this training will be held on-line utilizing ZOOM until further notice. Continue to register as usual and you will be sent a link to the meeting in the email you provide.

Your Email: Robert.T.Burke@EG-AMERICA.COM

January 13, 2022
February 10, 2022
March 10, 2022
April 14, 2022
May 12, 2022
June 9, 2022

July 14, 2022
August 11, 2022
September 8, 2022
October 13, 2022
November 10, 2022
December 8, 2022

Send payment and form to:

Responsible Hospitality Council
c/o City Council
555 S. 10th Street
Lincoln, NE 68508

If you have questions, call 402.441.7638