



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

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**TO:** Pam Buethe, City Clerk

**FROM:** Acting Chief Captain D. J. Barcal

**DATE:** June 21, 2023

**RE:** Local Background Check– Kwik Shop Applicant

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The La Vista Police Department has reviewed the Nebraska Liquor Control Commission Documents completed by the applicant and conducted a check of local records relating to the Manager Application for Cassandra M. Gerih. Ms. Gerih has had four previous criminal charges however all have been resolved.

As with all Nebraska Retail Liquor Licenses, I am asking the applicant strictly conform to Nebraska Liquor Commission rules and regulations under Section 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)

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- 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
- TRAINING**

**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 080217 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #623

Premise Street Address: 3103 N 204TH ST

City: ELKHORN County: DOUGLAS Zip Code: 68122

Premise Phone Number: (402) 289-2111

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.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**  
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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 067219 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #622

Premise Street Address: 9545 Q ST

City: OMAHA County: DOUGLAS Zip Code: 68127

Premise Phone Number: (402) 331-1248

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: **KWIK SHOP, INC.**

**Premise information**

Liquor License Number: **065384** Class Type **D** (if new application leave blank)

Premise Trade Name/DBA: **KWIK SHOP #640**

Premise Street Address: **3606 LEAVENWORTH ST**

City: **OMAHA** County: **DOUGLAS** Zip Code: **68105**

Premise Phone Number: **(402) 341-1308**

Premise Email address: **CASSANDRA.GERIH@EG-AMERICA.COM**

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 075169 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #645

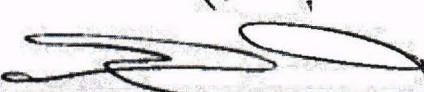
Premise Street Address: 710 N BROAD ST

City: FREMONT County: DODGE Zip Code: 68025

Premise Phone Number: (402) 721-1646

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 118145 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #648

Premise Street Address: 1403 HARLAN ST

City: FALLS CITY County: RICHARDSON Zip Code: 68335

Premise Phone Number: (402) 245-2981

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 086053 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #649

Premise Street Address: 503 S 11TH ST

City: NEBRASKA CITY County: OTOE Zip Code: 68410

Premise Phone Number: 402-873-6066

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 067231 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #652

Premise Street Address: 3222 Q ST

City: OMAHA County: DOUGLAS Zip Code: 68107

Premise Phone Number: (402) 731-6163

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 084641 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #653

Premise Street Address: 5929 N 72ND ST

City: OMAHA County: DOUGLAS Zip Code: 68134

Premise Phone Number: (402) 571-5172

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: **KWIK SHOP, INC.**

**Premise information**

Liquor License Number: **067233** Class Type **D** (if new application leave blank)

Premise Trade Name/DBA: **KWIK SHOP #657**

Premise Street Address: **7525 CASS ST**

City: **OMAHA** County: **DOUGLAS** Zip Code: **68114**

Premise Phone Number: **(402) 393-1318**

Premise Email address: **CASSANDRA.GERIH@EG-AMERICA.COM**

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP , INC.

**Premise information**

Liquor License Number: 067235 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #660

Premise Street Address: 9606 F ST

City: OMAHA County: DOUGLAS Zip Code: 68127

Premise Phone Number: (402) 331-2802

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**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: LA VISTA County: SARPY Zip Code: 68046

Premise Phone Number: (402) 593-9286

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP , INC.

**Premise information**

Liquor License Number: 116890 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #665

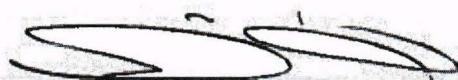
Premise Street Address: 15556 BLONDO ST

City: OMAHA County: DOUGLAS Zip Code: 68116

Premise Phone Number: (402) 493-0456

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 067241 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #667

Premise Street Address: 4855 L ST

City: OMAHA County: DOUGLAS Zip Code: 68117

Premise Phone Number: (402) 731-1718

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 116889 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #668

Premise Street Address: 6845 S 167TH ST

City: OMAHA County: DOUGLAS Zip Code: 68135

Premise Phone Number: (402) 895-8067

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 069303 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #670

Premise Street Address: 2103 CAPEHART RD

City: BELLEVUE County: SARPY Zip Code: 68123

Premise Phone Number: (402) 291-2347

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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**Corporation/LLC information**

Name of Corporation/LLC: **KWIK SHOP, INC.**

**Premise information**

Liquor License Number: **056794** Class Type **D** (if new application leave blank)

Premise Trade Name/DBA: **KWIK SHOP #672**

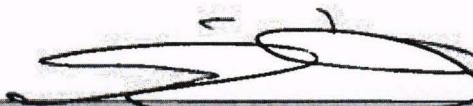
Premise Street Address: **6208 S 72ND ST**

City: **RALSTON** County: **DOUGLAS** Zip Code: **68127**

Premise Phone Number: **(402) 339-4351**

Premise Email address: **CASSANDRA.GERIH@EG-AMERICA.COM**

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- ✓ 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: 067244 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #673

Premise Street Address: 5306 N 103RD ST

City: OMAHA County: DOUGLAS Zip Code: 68134

Premise Phone Number: (402) 493-5662

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.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 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**

JUN 15 2023

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 067215 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #675

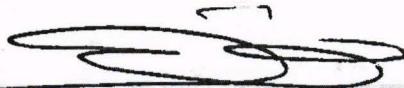
Premise Street Address: 502 W MISSION AVE

City: BELLEVUE County: SARPY Zip Code: 68005

Premise Phone Number: (402) 291-2967

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.COM

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- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
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**Corporation/LLC information**

Name of Corporation/LLC: KWIK SHOP, INC.

**Premise information**

Liquor License Number: 086055 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #687

Premise Street Address: 101 CEDARDALE DR

City: PAPILLION County: SARPY Zip Code: 68046

Premise Phone Number: (402) 339-1691

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.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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- ✓ 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: **086056** Class Type **D** (if new application leave blank)

Premise Trade Name/DBA: **KWIK SHOP #688**

Premise Street Address: **602 GALVIN RD**

City: **BELLEVUE** County: **SARPY** Zip Code: **68005**

Premise Phone Number: **(402) 292-9629**

Premise Email address: **CASSANDRA.GERIH@EG-AMERICA.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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JUN 15 2023

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- ✓ 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: 076568 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #689

Premise Street Address: 4151 HARRISON ST

City: BELLEVUE County: SARPY Zip Code: 68147

Premise Phone Number: (402) 734-5836

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.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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JUN 15 2023

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- ✓ 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: 125009 Class Type D (if new application leave blank)

Premise Trade Name/DBA: KWIK SHOP #799

Premise Street Address: 2202 N 90TH ST

City: OMAHA County: DOUGLAS Zip Code: 68134

Premise Phone Number: (308) 216-3098

Premise Email address: CASSANDRA.GERIH@EG-AMERICA.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)

pulled from 61232

Cassandra  
Genie x14

**MANAGER APPLICATION  
INSERT - FORM 3c**

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Office Use	<b>RECEIVED</b>
APR 22 2022	
NEBRASKA LIQUOR CONTROL COMMISSION	

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

**MANAGER MUST:**

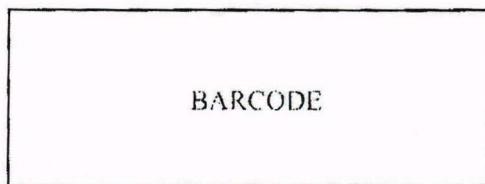
- Complete all sections of the application. Be sure it is signed by a member or corporate officer, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprint are required. See form 147 for further information, read form carefully to avoid delays in processing, 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

*training exp 04/19/2025 & 04/14/2025*  
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

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

- Sign the application
- Fingerprint 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**



0405  
0019

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

Last Name: Gerih First Name: Cassandra MI: M

Home Address: 659 S 19th Street

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402-875-2494

Driver's License Number & State: [REDACTED]

Social Security Number: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: Kearney

Email address: cassandra.gerih@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: [REDACTED] First Name: [REDACTED] MI: [REDACTED]

Social Security Number: [REDACTED]

Driver's License Number & State: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: [REDACTED]

**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
Lincoln NE	2009	Current			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	2015	Runza	Craig	402-488-8043
2012	2013	Carlos O Kelly's	Brandi Root	402-417-5177

**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
Cassandra Gerih	09/2020	Lincoln NE	Speeding	Fine
Cassandra Gerih	2011	Lincoln NE	Disturbing the Peace	\$50 Fine

**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)
Cassandra Gerih	04/2022	Responsible Hospitality Council

\*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Cassandra Gerih/District Manager	01/2015	Kwik Shop- Lincoln NE

5. Have you enclosed form 147 regarding fingerprints?

YES       NO

✓  
Form 103  
Rev July 2018  
Page 5 of 6

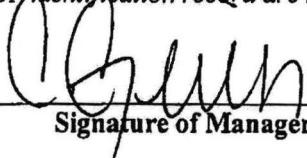
PERSONAL OATH AND CONSENT OF INVESTIGATION

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

Lancaster

The foregoing instrument was acknowledged before me this

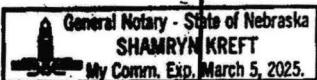
April 21st, 2022  
date

by Cassandra Genh

NAME OF PERSON BEING ACKNOWLEDGED

Shamryn Kretf  
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.

**PRIVACY ACT STATEMENT/  
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.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

**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/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  
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\*\*\*\*

Name of Person Being Fingerprinted: Cassandra M Gerih

Date fingerprints were taken: March 18, 2022

Location where fingerprints were taken: Lincoln - Criminal Division

How was payment made to NSP?

NSP PAYPORT  CASH  CHECK SENT TO NSP CK

My fingerprints are already on file with the commission – fins

My fingerprints are already on file with the commission - my application less than 2 years ago? YES

Applicant has been a member of the Association for 2 years ago. YES

## Chlorophyll

**SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED**