



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

TO: Pam Buethe, City Clerk

FROM: Acting Chief Captain D. J. Barcal

DATE: June 21, 2023

RE: Local Background Check– Kwik Shop Applicant

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

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NEBRASKA LIQUOR
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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**

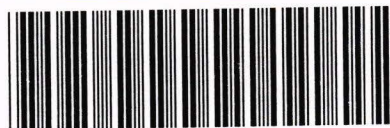
Premise Email address: **CASSANDRA.GERIH@EG-AMERICA.COM**

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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**

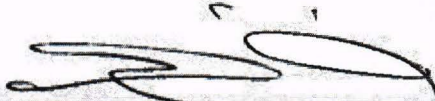
Premise Street Address: **710 N BROAD ST**

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**

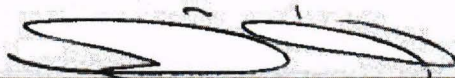
Premise Street Address: **15556 BLONDO ST**

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**

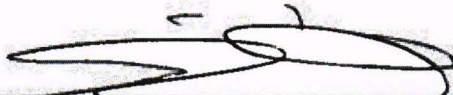
Premise Street Address: **6208 S 72ND ST**

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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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

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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

Office Use

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JUN 15 2023

**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: **067215** Class Type **D** (if new application leave blank)

Premise Trade Name/DBA: **KWIK SHOP #675**

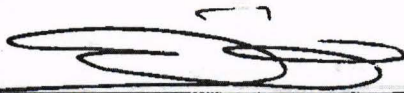
Premise Street Address: **502 W MISSION AVE**

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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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**

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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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- ✓ 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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- ✓ 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**

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SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

pulled from 61232

Cassandra
Gerin x14

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INSERT - FORM 3c**

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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
- 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'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: _____ First Name: _____ MI: _____
Social Security Number: _____
Driver's License Number & State: _____
Date Of Birth: _____ Place Of Birth: _____

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

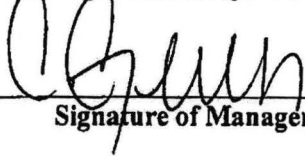
PERSONAL OATH AND CONSENT OF INVESTIGATION

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

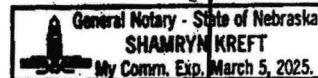
by Cassandra Gerich

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.

**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
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Office Use only
RECEIVED

APR 22 2022

**NEBRASKA LIQUOR
CONTROL COMMISSION**
Do not stamp any of the following pages

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
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: Cassandra M Gerih

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

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 – fingerprints completed for a previous application less than 2 years ago? YES ☐

C. Gerih
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED