

A7



Memorandum

To: Mayor and Council
CC: Brenda Gunn, Rita Ramirez
From: Pam Buethe *sb*
Date: 10/16/2012
Re: Consent Agenda Item A7 – Application for manager – Hampton Inn & Suites La Vista

This is the manager application for Cori Gruber to be a manager at La Vista Lodging Investors, LLC dba Hampton Inn & Suites La Vista.

All this agenda item would require is a motion to approve the manager application for Cori Gruber and therefore it has been placed on the Consent Agenda.

Please contact me with any questions.

LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM

TO: PAM BUETHE, CITY CLERK
FROM: BOB LAUSTEN, POLICE CHIEF
SUBJECT: LOCAL BACKGROUND-CORPORATE MANAGER LIQUOR LICENSE
DATE: 10/9/2012
CC:

The police department conducted a check of computerized records on the applicant, Cori Gruber, for criminal conduct in Nebraska in reference to the Corporate Manager Liquor License application at the Hampton Inn. Gruber has a traffic record and pled guilty on January 4, 2000 to 3 counts of Procuring Alcohol for a Minor stemming from an incident that occurred on September 21, 1999. Gruber was sentenced to 6 months of traditional probation and 20 hours of community service. The sentence was successfully completed on September 12, 2000.



Dave Heineman
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.ne.gov/>

September 26, 2012

LA VISTA CITY CLERK
8116 PARK VIEW BLVD
LA VISTA NE 68128 2198

RE: Hampton Inn & Suites LaVista
LICENSE #C-077310

Dear Clerk:

Enclosed is a copy of a manager application for Cori Gruber in connection with Hampton Inns & Suites LaVista located in LaVista.

Please present this application for manager to your City/Village Council or County Commissioners and send us the results of their action.

Sincerely,

A handwritten signature in cursive script that appears to read "Jacqueline Rodriguez".

Jacqueline Rodriguez
Licensing Division
NEBRASKA LIQUOR CONTROL COMMISSION
402-471-2572

encl.

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

William F. Austin
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.ne.gov

Office Use

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CONTROL COMMISSION**

JR

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

REDACTED

Name of Corporation/LLC: LaVista Lodging Investors, LLC

REDACTED

Premise License Number: 77310 (if new application leave blank)

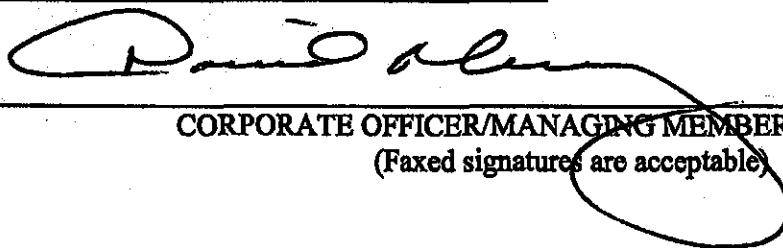
Premise Trade Name/DBA: Hampton Inn & Suites LaVista

Premise Street Address: 12331 Southport Pkwy

City: LaVista State: NE Zip Code: 68128

Premise Phone Number: 402-895-2900

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. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi


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



Applicant's information must be completed below. PLEASE PRINT CLEARLY

Gender: MALE

FEMALE

Last Name: Gruber

First Name: Cori

MI: M

Home Address (include PO Box if applicable): 14913 Church Road

City: Louisville

County: Cass

Zip Code: 68037

Home Phone Number: 402-510-8041

Business Phone Number: 402-517-3451

Social Security Number: _____ Drivers License Number & State: _____

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

Are you married? If yes, complete spouse's information (Even if the spouse's information has been submitted)

YES

NO

Spouse's Information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT & SPOUSE MUST LIST RESIDENCE FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<u>Lake Geneva, WI</u>	<u>03/11</u>	<u>06/12</u>			
<u>Omaha, NE</u>	<u>09/99</u>	<u>03/11</u>			
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NEBRASKA STATE LIQUOR COMMISSION

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
01/10	06/12	Hostmark Hospitality @ Premiere Suites of Omaha /Bella Vista Suites	Tom Schulz	312-882-4035
06/06	01/10	Lodging First @ Homewood Suites by Hilton Omaha	Robert Rentzsch	614-946-8808

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. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

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
Cori M. Gruber	12/1999	Omaha, NE	Contributing (while working as a bartender)	no contest

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.

7010 Hascall Street LLC, 7010 Hascall Street Omaha, NE 68106

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. Have you enclosed the required fingerprint cards and PROPER FEES with this application?
(Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

YES NO

5. List any alcohol related training and/or experience (when and where).

Managed license of 7010 Hascall Street LLC (DBA Premiere Suites of Omaha & Homewood Suites by Hilton @ 7010 Hascall Street Omaha, NE 68106) through March 2011.

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

PERSONAL OATH AND CONSENT TO INVESTIGATION

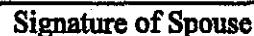
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. 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.



Signature of Manager Applicant



Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

County of Sarpy

9/14/2012

date

The foregoing instrument was acknowledged before me this

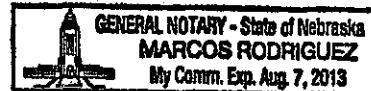
Cori M. Gruber

name of person 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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

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STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

1/13/2010

LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S COOPER
ASSISTANT STATE REGISTRAR
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

126-

78 23882

CERTIFICATE OF LIVE BIRTH

CHILD - NAME	FIRST	MIDDLE	LAST	SEX	DATE OF BIRTH (Month, Day, Year)	HOUR
1. Cori	Marie	Gruber		2. Female	1a. 12/17/79	10:54p m 35.
HOSPITAL - NAME (If not in hospital, give street and number)				INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION OF BIRTH	COUNTY OF BIRTH
4a. Immanuel Medical Center				4b. yes	4c. Omaha	4d. Douglas
I certify that the above information concerning this child is true to the best of my knowledge and belief.				DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER
5a. (Signature)				5b. 1/17/79		5c.
CERTIFIER - NAME AND TITLE (Type or print)				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)		
6a. G. Steier, M.D.				6b. 6510 Redick, Omaha, Nebraska		
REGISTRAR - SIGNATURE				DATE RECEIVED BY REGISTRAR MONTH DAY YEAR		
7a. MOTHER - MAIDEN NAME				CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
8a. Sandra Jean Roberts				8b. 19		
RESIDENCE - STATE				INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER	
9a. Nebraska				9b. yes	9c. 2220 S. 50	
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
10. FATHER - NAME						
10a. Michael Dean Gruber				AGE (At time of birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)	
				10b. 25	10c. Lincoln, Nebraska	
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent) or 12a. other information						
11a. Sandra Jean Gruber						
11b. RELATION TO CHILD						
11c. Mother						

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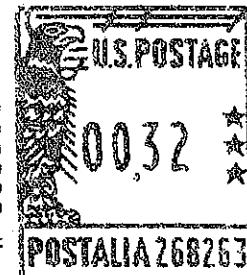
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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Nancy Josoff
(402) 296-9309
Election Commissioner
201 Main Street
Plattsmouth, NE 68048



Return Service Requested



Acknowledgement & Verification of Registration

IMPORTANT INFORMATION ON BACK

Precinct: Center 008

Polling Place:

Center 008

Cass County Extension Office

Cass County Fair Grounds (corner of Hwy

1 & 144th) 8400 144th Street Ste 100

Weeping Water

Nonpartisan

U.S. Congressional District 1

Legislative District 2

Southeast Com College Dist 2

Louisville Public Schools

DETACH AT PERFORATION AND KEEP ENTIRE BOTTOM PORTION

Cass County, State of Nebraska

2402842

Cori M Gruber

14913 Church Rd

Louisville, NE 68037

▼ FOLD HERE ▼