

Memorandum



To: Mayor and Council

CC: Brenda Gunn, Rita Ramirez

From: Pam Buethe

Date: 12/04/2012

Re: Consent Agenda Item A5 & A6 – Application for manager – Embassy Suites and Courtyard by Marriott Omaha – La Vista

These are the manager applications for Amy Houston to be a manager at Embassy Suites and Courtyard by Marriott Omaha – La Vista.

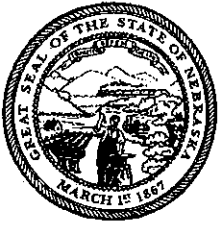
All these agenda items would require is a motion to approve the manager applications for Amy Houston and therefore it has been placed on the Consent Agenda.

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- LIQUOR LICENSE- MANAGER
COURTYARD & LA VISTA CONFERENCE CENTER
DATE: 11/27/2012
CC:

The police department conducted a check of computerized records on the applicant, Amy Houston, for criminal conduct in Nebraska in reference to the Manager application. Houston has no record.



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/>

November 19, 2012

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

RE: Courtyard Marriott
LICENSE #CK-086881

Dear Clerk:

Enclosed is a copy of a manager application for Amy Houston in connection with the Courtyard Marriott located in La Vista.

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

Sincerely,

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.les.ne.gov

Office Use

RECEIVED

NOV 6 2012

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

JR

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/Limited Liability Corporation (LLC) information

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

Premise information

Premise License Number: 86881
(if new application leave blank)

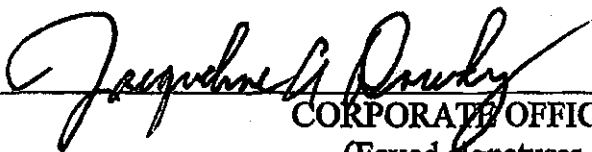
Premise Trade Name/DBA: Courtyard by Marriott Omaha-La Vista

Premise Street Address: 12560 Westport Parkway

City: La Vista State: Nebraska Zip Code: 68128

Premise Phone Number: _____

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



1200021593

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Houston First Name: Amy MI: S

Home Address (include PO Box if applicable): 15109 Willow Creek Drive

City: Omaha County: Sarpy Zip Code: 68138

Mobile Phone Number: Business Phone Number: 402-408-5457

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Minden, NE

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: Dobransky First Name: Richard MI: R

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Detroit, MI

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	2008	Current	Omaha, NE	2008	Current
Hoboken, NJ	2011	2011	Hobokin, NJ	2011	2011
Buffalo, NY	2005	2007	Buffalo, NY	2005	2007
Omaha, NE	2002	2004	Downers Grove, IL	1990	2004
St. Joseph, MO	1999	2001			

RECEIVED

NOV 6 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	Current	John Q. Hammons Hotels Management, LLC	Tony Moody	402-331-7400
2011	2011	Waldorf Astoria	Jim Blauvelt	212-355-3000

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 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
Not Applicable				

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.
 Spouse - Delaware North Companies - NJ, NY, RI, NH, CT, UT, CO, MD, NC, FL, TN, PA, MI, OH, IL, WI, MO, TX, AZ, CA, NV
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).

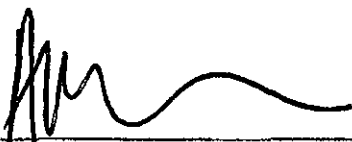
Care for Servers - Feb 2012

PERSONAL OATH AND CONSENT OF INVESTIGATION

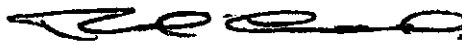
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true.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

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

State of Nebraska

County of Sarpy

The foregoing instrument was acknowledged before me this 1st day of Nov, 2012 by

Amy Houston

Lindsay Eaton
Notary Public signature

County of Sarpy

The foregoing instrument was acknowledged before me this 1st day of Nov, 2012 by

Richard Dobransky

Lindsay Eaton
Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

Revised 9/2008

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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.les.ne.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) or the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

[Signature]
Signature of spouse asking for waiver
(Spouse of individual listed below)

Richard R. Dobransky
Printed name of spouse asking for waiver

State of Nebraska

County of Sarpy

The foregoing instrument was acknowledged before me this

Nov 1st 2012
date

by Richard Dobransky
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

[Signature]
Signature of individual involved with application
(Spouse of individual listed above)

Amy S. Houston
Printed name of applying individual

State of Nebraska

County of Sarpy

The foregoing instrument was acknowledged before me this

Nov 1st 2012
date

by Amy Houston
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal



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.