

A-14

LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM

TO: PAM BUETHE, CITY CLERK
FROM: BOB LAUSTEN, POLICE CHIEF
SUBJECT: LOCAL BACKGROUND- MANAGER -COURTYARD MARRIOTT
DATE: 5/27/2015
CC:

The police department conducted a check of computerized records on the applicant, Kyle Steenson for criminal conduct in Nebraska and Sarpy County in reference to the Liquor License application. The applicant has no entries.



Pete Ricketts
Governor

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Hobert 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/>

May 21, 2015

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

RE: Manager Application Kyle Steenson

LICENSE #CK-86881

Dear Clerk:

Enclosed is a copy of a manager application for Kyle Steenson, 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
402-471-2571

encl.

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

Bruce Bailey
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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FEB 26 2015
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MUST BE:

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration in the State of Nebraska
- ✓ Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.
- ✓ 21 years of age or older

Corporation/LLC information

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

Premise information

Liquor License Number: 096881 Class Type CU
(if new application leave blank)

Premise Trade Name/DBA: Courtyard by Marriott LaVista

Premise Street Address: 12560 Westport Parkway

City: LaVista County: Sarpy Zip Code: 68128

Premise Phone Number: 402 339 4900

Email address: kyle.steenes@jgh.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. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi


SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)



1500007906

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Steenenson First Name: Kyle MI: R
Home Address (include PO Box if applicable): 9307 S 28th Street
City: Bellvue County: Sacpey Zip Code: 68147
Home Phone Number: _____ Business Phone Number: 402-682-3546
Social Security Number: _____ Drivers License Number & State: H12272910 NE
Date Of Birth: _____ Place Of Birth: Omaha
Email address: kyle.steenenson@jgh.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: Steenenson First Name: Kristin MI: M
Social Security Number: _____ Drivers License Number & State: _____
Date Of Birth: _____ Place Of Birth: Topeka, KS

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	2004	2010			
Bellvue, NE	2010	2015			
		(current)			

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Form 103
Rev 9/2013
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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	2015	Courtyard by Marriott	Steve Hilton	402.570.5728
2004	2013	Hilton Omaha	Kam Sukhron	402.998.3400

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

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: CARE Name on Certificate: Kyle B. Steenson

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Kyle Steenson	12/30/13	Controlling Alcohol Risks Effectively

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Kyle Steenson / AGM	10/5/13	Court yard LaV. St
Kyle Steenson / Director of Outlets	4/1/04	Hilton Omaha

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5. 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

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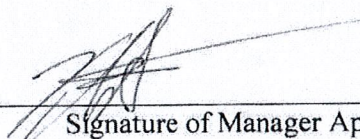
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CONTROL COMMISSION

PERSONAL OATH AND CONSENT OF INVESTIGATION

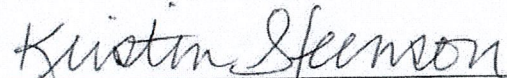
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true.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



Signature of Manager Applicant



Signature of Spouse

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ACKNOWLEDGEMENT

State of Nebraska

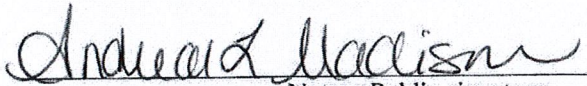
County of Douglas

2/24/15

date

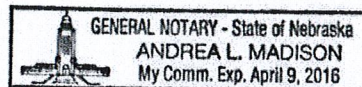
The foregoing instrument was acknowledged before me this

by Kyle Steenson and Kristin Steenson
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

**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.lcc.ne.gov

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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)) of 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.

Kristin Steenson

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

Kristin Steenson

Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

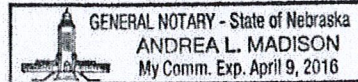
April 21st 2015
date

The foregoing instrument was acknowledged before me this

by Kristin Steenson
name of person acknowledged

Andrea L. Madison
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.

Kyle Steenson

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

Kyle Steenson

Printed name of applying individual

State of Nebraska

County of Douglas

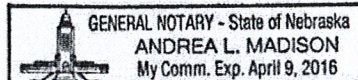
April 21st 2015
date

The foregoing instrument was acknowledged before me this

by Kyle Steenson
name of person acknowledged

Andrea L. Madison
Notary Public signature

Affix Seal



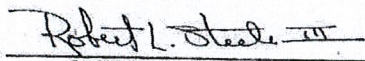
In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.



Verification Record for Employee File

Educational Institute of the
American Hotel and Lodging Association

Hereby confirms that Kyle B. Steenson
has successfully completed the Controlling Alcohol
Risks Effectively (CARE) Program on December 30, 2013



President & Chief Operating Officer

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NEBRASKA LIQUOR
CONTROL COMMISSION

Wayne Bena
402-593-2167
Election Commissioner
501 Olson Dr Ste 4
Papillion NE 68046
www.sarpy.com/election

Return Service Requested

Acknowledgement & Verification of Registration

IMPORTANT INFORMATION ON BACK

DETACH AT PERFORATION AND KEEP ENTIRE BOTTOM PORTION

Precinct: Precinct 20
Polling Place: Party: NONP
Calvary Christian Church 20
10100 Cedar Island Rd.
Bellevue
U.S. Congressional District 1
Legislative District 3
County Commissioner District 3

Omaha Public Schools
Learning Community 1 - Dist 5

FOR WALLET SIZE - FOLD HERE

Sarpy County, State of Nebraska

2313579
Kyle B Steenson
9307 S 28th St
Bellevue, NE 68147

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CONTROL COMMISSION**

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**NEBRASKA LIQUOR
CONTROL COMMISSION**