

A-14

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LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM

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

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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

**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/>

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](http://www.lcc.ne.gov)

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FEB 26 2015

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CONTROL COMMISSION  
CONTROL COMMISSION

**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**

*JR*

**Corporation/LLC information**

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

**Premise information**

Liquor License Number: 086881 Class Type CU  
(if new application leave blank)

Premise Trade Name/DBA: Court yard by Marciett La Vista

Premise Street Address: 125100 Westport Parkway

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: 402 339 4920

Email address: [kyle.stearns@joh.com](mailto:kyle.stearns@joh.com)

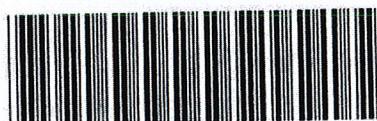
The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

*Jacqueline G. Dowdy*

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

Form 103  
Rev 9/2013  
Page 2 of 6



1500007906

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

Last Name: Stenson First Name: Kyle MI: R

Home Address (include PO Box if applicable): 9307 S 28th Street

City: Bellevue County: Sioux Zip Code: 68147

Home Phone Number: \_\_\_\_\_ Business Phone Number: 402-682-3596

Social Security Number: \_\_\_\_\_ Drivers License Number & State: 412272910 NE

Date Of Birth: \_\_\_\_\_ Place Of Birth: Omaha

Email address: Kyle.Stenson@jbl.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: Stenson First Name: Kristin MI: M

Social Security Number: 0 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			
Bellevue, NE	2010	2015 (current)		RECEIVED	
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				NEBRASKA LIQUOR CONTROL COMMISSION	
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CONTROL COMMISSION

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	2015	Countryard by Marriott	Steve Hilton	402. 570. 5798
2004	2013	Hilton Omaha	Karen Suklun	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
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				NEBRASKA LIQUOR CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES  NO

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IF YES, list the name of the premise(s):

NEBRASKA LIQUOR CONTROL COMMISSION

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)
<u>Kyle Steenson</u>	<u>12/30/13</u>	<u>Controlling Alcohol Risks Effectively</u>

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
<u>Kyle Steenson / Agent</u>	<u>11/5/13</u>	<u>Courtyard by Marriott</u>
<u>Kyle Steenson / Director of Outlets</u>	<u>4/1/04</u>	<u>Hilton Omaha</u>

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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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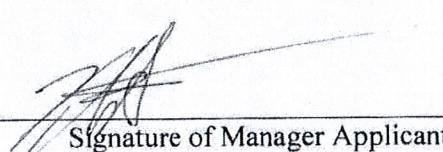
**NEBRASKA LIQUOR  
CONTROL COMMISSION**

## 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

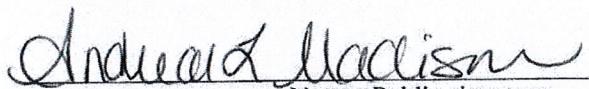
County of Douglas

2124115

date

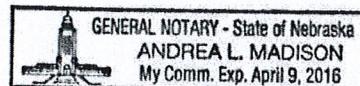
The foregoing instrument was acknowledged before me this

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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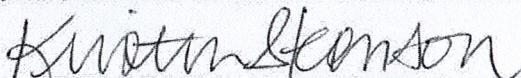
Office Use

APR 22 2015

NEBRASKA LIQUOR  
CONTROL COMMISSIONSPOUSAL 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.llc.ne.gov](http://www.llc.ne.gov)

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have no 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.

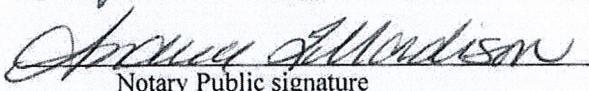


Signature of spouse asking for waiver  
(Spouse of individual listed below)

State of Nebraska

County of Douglas

April 21st 2015 date



Notary Public signature

Kristin Steenson

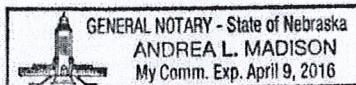
Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this

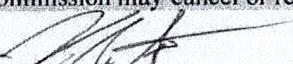
by Kristin Steenson

name of person acknowledged

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.

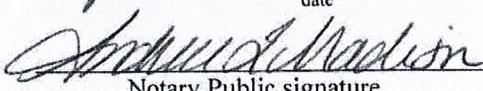


Signature of individual involved with application  
(Spouse of individual listed above)

State of Nebraska

County of Douglas

April 21st 2015 date



Notary Public signature

Kyle Steenson

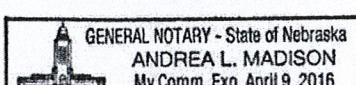
Printed name of applying individual

The foregoing instrument was acknowledged before me this

by Kyle Steenson

name of person acknowledged

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

Robert L. Steele, III  
President & Chief Operating Officer

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DEC 26 2013

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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