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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-CORPORATE MANAGER – KENO LIQUOR LICENSE  
**DATE:** 3/28/2008  
**CC:**

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The police department conducted a check of computerized records on the applicant, Kimberly Armstrong, for criminal conduct in Nebraska in reference to the Corporate Manager Liquor License application. No entries were found.



March 28, 2008

Kimberly Armstrong  
13809 Edna Street  
Omaha, NE 68138

Dear Ms. Armstrong:

This letter is to inform you that the City of La Vista has received your corporate manager application for the Class I Liquor License #41459 of La Vista Keno Inc. dba La Vista Keno, 7101 South 84th Street, La Vista, Sarpy County, Nebraska.

Please note that the La Vista City Council will review this application at their regularly scheduled meeting on April 15, 2008. The meeting will be called to order at 7:00 p.m. and will be held at La Vista City Hall, 8116 Park View Blvd. You are requested to be present at the aforementioned meeting to answer any questions that the Mayor or members of the City Council may have concerning the application.

If you have any questions please feel free contact me.

Sincerely,

Pamela A. Buethe, CMC  
City Clerk

**City Hall**  
8116 Park View Blvd.  
La Vista, NE 68128-2198  
p: 402-331-4343  
f: 402-331-4375

**Community Development**  
8116 Park View Blvd.  
p: 402-331-4343  
f: 402-331-4375

**Fire**  
8110 Park View Blvd.  
p: 402-331-4748  
f: 402-331-0410

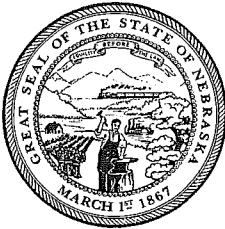
**Golf Course**  
8305 Park View Blvd.  
p: 402-339-9147

**Library**  
9110 Giles Rd.  
p: 402-537-3900  
f: 402-537-3902

**Police**  
7701 South 96th St.  
p: 402-331-1582  
f: 402-331-7210

**Public Works**  
9900 Cornhusker Rd.  
p: 402-331-8927  
f: 402-331-1051

**Recreation**  
8116 Park View Blvd.  
p: 402-331-3455  
f: 402-331-0299



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

TRS USER 800 833-7352 (TTY)

web address: <http://www.lcc.ne.gov/>

March 25, 2008

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

Dear Clerk:

Enclosed is a copy of a manager application for **Kimberly Armstrong** in connection with La Vista Keno Inc dba La Vista Keno, located at 7101 S 84 Street, La Vista NE.

Please present this application for manager to your Council and send us the results of their action.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

A handwritten signature in black ink, appearing to read "Jennifer A. Cash".

Jennifer A. Cash  
Licensing Division

jc  
encl.

cc: file

**Rhonda R. Flower**  
Commissioner

**Bob Logsdon**  
Chairman

**Pat Thomas**  
Commissoner

**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)

Office Use

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MAR 25 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

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)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 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

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Corporation/LLC information

Name of Corporation/LLC: LA VISTA KENO, INC

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Premise information

Premise License Number: 41459

Premise Trade Name/DBA: LA VISTA KENO

Premise Street Address: 7101 South 84 Street

City: LA VISTA State: NE Zip Code: 68128

Premise Phone Number: 402-339-1606

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**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.**

Richard T Bellino

**CORPORATE OFFICER SIGNATURE**  
(Faxed signatures are acceptable)



0800006523

Manager's information must be completed below PLEASE PRINT CLEARLY

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MAR 25 2008

Gender:  MALE

FEMALE

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name: Armstrong First Name: Kimberly MI: A

Home Address (include PO Box if applicable): 13809 Edna St.

City: Omaha State: NE Zip Code: 68133

Home Phone Number: (402) 894-4491 Business Phone Number: (402) 537-9090

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

Date Of Birth: 2-15-79 Place Of Birth: San Diego CA

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

YES

NO

Spouse's information

Spouse's Last Name: Armstrong First Name: James  
MI: R

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

Date Of Birth: 3-7-78 Place Of Birth: Omaha NE

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
7833 Longdale Dr, Lemon Bay, CA	Mar 03 to 05	8510 Makaha Circle, Papillion, NE	Mar 05 to 08
1850 Eldora St, Omaha, NE	Nov 02 to 05	1850 Eldora St	Nov 02 to 05
13809 Edna St, Omaha, NE	Nov 05 to 08	13809 Edna St, Omaha, NE	Nov 05 to present
339 F Imperial Beach Blvd	Aug 98 to 01	339 F Imperial Beach Blvd	Sept 99 to Nov 01

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
Nov 94 to Jun 95	Vons	Justin Detmar	858-454-2620
Aug 98 to Aug 94	A&W	Tom Billehimer	619-698-5928

Manager and spouse must review and answer the questions below

PLEASE PRINT CLEARLY

RECEIVED

MAR 25 2008

NEBRASKA  
CONTROL COMMISSION  
LIQUOR

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY

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.

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2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES

NO

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3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES

NO

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4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the Nebraska State Patrol for \$38.00 per person)

YES

NO

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PRINTS ENCLOSED

## PERSONAL OATH AND CONSENT OF INVESTIGATION

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MAR 25 2008

NEBRASKA  
CONTROLLING  
COMMISSION

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.

Kimberly A. Pausch  
Signature of Manager Applicant

J. J. T.  
Signature of Spouse

State of Nebraska

County of (General)

The foregoing instrument was acknowledged before  
me this 22<sup>nd</sup> Mar 2008 by

G. C. GALLUP  
Notary Public signature

Affix Seal Here

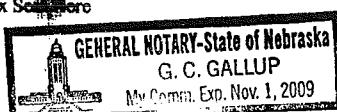


County of (General)

The foregoing instrument was acknowledged before  
me this 22<sup>nd</sup> Mar. 08 by

G. C. GALLUP  
Notary Public signature

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.

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

Office Use

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MAR 25 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

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.

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

State of NEBRASKA

County of GENERAL

3/22/08

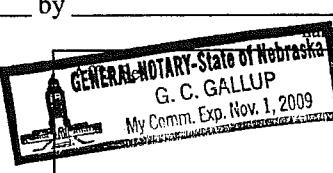
date

Notary Public signature

James R Armstrong

Printed name of spouse asking for waiver

The foregoing instrument was acknowledged before me this



name of person acknowledged

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 GENERAL

3/22/08

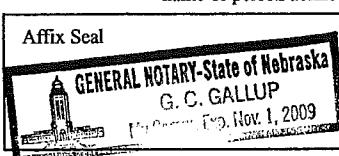
date

Notary Public signature

Kimberly Armstrong

Printed name of applying individual

The foregoing instrument was acknowledged before me this



name of person acknowledged

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.

STATE OF CALIFORNIA  
CERTIFICATION OF VITAL RECORD

## COUNTY OF SAN DIEGO

GREGORY J. SMITH  
ASSESSOR/RECORDER/COUNTY CLERK

RECEIVED

MAR 25 2008

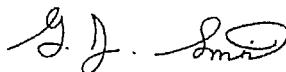
NEBRASKA LIQUOR  
CONTROL COMMISSION

104-19-054372

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA8009 03312  
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE BIRTH CERTIFICATE NUMBER		1B. MIDDLE		1C. LAST	
THIS CHILD	1A. NAME OF CHILD—FIRST	Ann		Redmann	
	2. SEX Female	3A. THIS BIRTH, SINGLE, TWIN ETC.	3B. IF MULTIPLE, THE CHILD 1ST, 2ND, ETC.	4. BIRTHWEIGHT GMS	5A. DATE OF BIRTH—MONTH, DAY, YEAR February 15, 1979
PLACE OF BIRTH	6A. PLACE OF BIRTH—NAME OF HOSPITAL Kaiser Foundation Hospital		6B. STREET ADDRESS (STREET, NUMBER, OR LOCATION) 4647 Zion Avenue		
	6C. CITY OR TOWN San Diego		6D. COUNTY San Diego		
MOTHER OF CHILD	7A. BIRTH NAME OF MOTHER—FIRST Carol	7B. MIDDLE Nadine	7C. LAST LeRoy	8. STATE OF BIRTH Indiana	9. AGE OF MOTHER 26
FATHER OF CHILD	10A. NAME OF FATHER—FIRST John	10B. MIDDLE Lyle	10C. LAST Redmann	11. STATE OF BIRTH N. Dakota	12. AGE OF FATHER 28
PARENT'S CERTIFICATION	13A. PARENT OR OTHER INFORMANT—SIGNATURE ► Carol & Redmann		13D. RELATIONSHIP TO CHILD Mother		13C. DATE REVIEWED AND SIGNED 2-16-79
ATTENDANT'S CERTIFICATION	14A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—DEGREE OR TITLE AND TYPED NAME Michael D. Manley, M.D. ► Michael D. Manley, M.D.		14B. DATE SIGNED 2-16-79		14D. ATTENDANT'S LICENSE NUMBER G-27851
LOCAL	14C. ADDRESS 4647 Zion Avenue San Diego, CA 92120		17. DATE ACCEPTED FOR REGISTRATION FEB 28 1979		
15. DEATH—ENTER DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE Gregory J. Smith			

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.



March 17, 2008

Gregory J. Smith  
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border  
displaying date, seal and signature of the Recorder/County Clerk



\*002272261\*

