
LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM

TO: PAM BUETHE, CITY CLERK
FROM: BOB LAUSTEN, POLICE CHIEF
SUBJECT: LOCAL BACKGROUND-CORPORATE MANAGER – KENO LIQUOR LICENSE
DATE: 3/28/2008
CC:

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

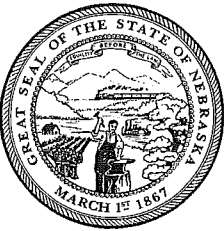
Golf Course
8305 Park View Blvd.
p: 402-339-9147

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

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

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

Jerilyn A Cash
Licensing Division

jc
encl.

cc: file

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

Pat Thomas
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

RECEIVED

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

Corporation/LLC information

Name of Corporation/LLC: LA VISTA KENO, INC

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

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

RECEIVED

MAR 25 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☐ MALE ☒ FEMALE

Last Name: Armstrong First Name: Kimberly MI: A

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

City: Omaha State: NE Zip Code: 68138

Home Phone Number: (402) 896-4491 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

Spouses 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. Hemet ^{CA}	March 05 Jan 05	8510 Makaha Circle Papillion	March 05 Dec 05
1850 Eldora St. Hemet ^{CA}	Nov 02 March 05	1850 Eldora St	Nov 02 March 05
13809 Edna St Omaha NE	Nov 05 Present	13809 Edna St Omaha NE	Nov 05 Present
339 F Imperial Beach Blvd	Aug 98 Nov 01	339 F Imperial Beach Blvd ^{CA}	Sept 99 Nov 01

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
Nov 04 Jun 05	Vons	Justin Detmar	858-454-2620
Nov 98 Aug 04	A&W	Tom Dibleheimer	619-698-5828

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

RECEIVED

MAR 25 2008

NEBRASKA LIQUOR
CONTROL COMMISSION

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.

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

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

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

PRINTS ENCLOSED

PERSONAL OATH AND CONSENT OF INVESTIGATION

RECEIVED

MAR 25 2008

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 the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant 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 Dunsen
Signature of Manager Applicant

[Signature]
Signature of Spouse

State of Nebraska

County of (General)

County of (General)

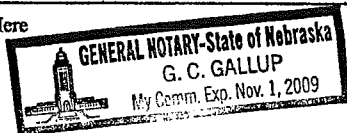
The foregoing instrument was acknowledged before me this 22nd Mar 2008 by

The foregoing instrument was acknowledged before me this 22nd Mar. 08 by

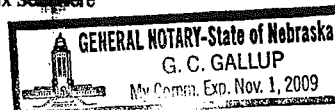
[Signature]
Notary Public signature

[Signature]
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 5/2007

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

Office Use

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

James R Armstrong
Printed name of spouse asking for waiver

State of NEBRASKA

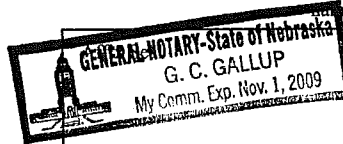
County of (GENERAL)

The foregoing instrument was acknowledged before me this

3/22/08

by _____

[Signature]
Notary Public signature



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.

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

Kimberly Armstrong
Printed name of applying individual

State of NEBRASKA

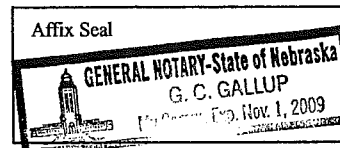
County of (GENERAL)

The foregoing instrument was acknowledged before me this

3/22/08

by _____

[Signature]
Notary Public signature



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 CALIFORNIA

#009

03312

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

THIS CHILD	1A. NAME OF CHILD—FIRST Kimberly		1B. MIDDLE Ann		1C. LAST Redmann	
	2. SEX Female	3A. THIS BIRTH, SINGLE, TWIN, ETC.	3B. IF MULTIPLE, THE CHILD 1ST, 2ND, ETC.	4. BIRTHWEIGHT GRAMS	5A. DATE OF BIRTH—MONTH, DAY, YEAR February 15, 1979	5B. HOUR 0521
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	1. CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		13A. PARENT OR OTHER INFORMANT—SIGNATURE Carol D. Redmann		13B. RELATIONSHIP TO CHILD Mother	13C. DATE REVIEWED AND SIGNED 2-16-79
	I CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED.		14A. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH)—DEGREE OR TITLE AND TYPED NAME Michael D. Manley, M.D.		14B. DATE SIGNED 2-16-79	
ATTENDANT'S CERTIFICATION	14C. ADDRESS MISSION PARK REGISTRATION LISTS		14D. ADDRESS 4647 Zion Avenue San Diego, CA 92120		14E. ATTENDANT'S LICENSE NUMBER G-27851	
	15. DEATH—ENTER DATE OF DEATH		16. LOCAL REGISTRAR—SIGNATURE Gregory J. Smith		17. DATE ACCEPTED FOR REGISTRATION FEB 28 1979	

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

