



**LA VISTA POLICE DEPARTMENT  
INTER-DEPARTMENT MEMO**

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** March 14, 2021

**RE:** LOCAL BACKGROUND- MANAGER  
SWIZZLE STIX

**CC:**

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The police department reviewed the Nebraska Liquor Control Commission documents completed by the applicant and conducted a check of local records relating to the Manager Application for Michelle Van Leuven. Van Leuven has no criminal record in Sarpy County.

As with all Nebraska Retail Liquor Licenses, I am asking that the applicant strictly conform to Nebraska Liquor Control Commission rules and regulations under (Sec 53-131.01) Nebraska Liquor Control Act.

**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.nebraska.gov](http://www.lcc.nebraska.gov)

Office Use

RECEIVED

FEB 22 2021

NEBRASKA LIQUOR  
CONTROL COMMISSION

**MUST BE:**

- ✓ Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Name of Corporation/LLC: SSL Operating Group LLC

Liquor License Number: 117333 Class Type I (if new application leave blank)

Premise Trade Name/DBA: Swizzle Stix Lounge

Premise Street Address: 7101 S. 84th Street

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: (402) 339-1606

Premise Email address: corporatefilings@ehpv.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. To see authorized officers or members search your license information [here](#).

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

(Faxed signatures are acceptable)

**Van Leuven** Last Name: **Michelle** First Name: MI: **L**  
Home Address: **9704 S 25th Ave**  
City: **Bellevue** County: **Sarpy** Zip Code: **68123 - 4043**  
Home Phone Number: [REDACTED]  
Driver's License Number & State: [REDACTED]  
Social Security Number: [REDACTED]  
Date Of Birth: [REDACTED] Place Of Birth: [REDACTED]  
Email address: **mvanleuven@lavistakeno.com**

☒ YES

☐ NO

**Van Leuven** Spouses Last Name: **Jason** First Name: MI: **M**  
Social Security Number: [REDACTED]  
Driver's License Number & State: [REDACTED]  
Date Of Birth: [REDACTED] Place Of Birth: [REDACTED]

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Bellevue, NE	2016	2021	Bellevue, NE	2016	2021
Bellevue, NE	2014	2016	Bellevue, NE	2014	2016
La Vista, NE	2012	2014	La Vista, NE	2012	2014
Omaha, NE	2009	2012	Omaha, NE	2009	2012

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2016	current	LVK Holdings LLC dba La Vista Keno	Todd Ryan	402-339-7776
2009	2017	EHPV Lottery Services LLC	Robert Rech	402-339-7776

**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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

☐ 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):

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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: 9/9/2020 Name on Certificate: Michelle Van Leuven

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Michelle Van Leuven	09/2020	Responsible Beverage Service Training (NE)

\*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Michelle Van Leuven/Keno Manager	7/21/2016	La Vista Keno, 7101 S 84th St, La Vista NE 68128

5. Have you enclosed form 147 regarding fingerprints?

☒ YES

☐ NO

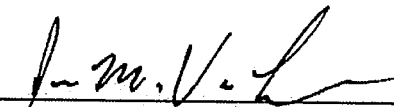
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true.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

**Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

  
Signature of Manager Applicant

  
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

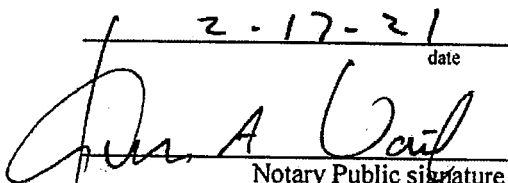
County of SARPY

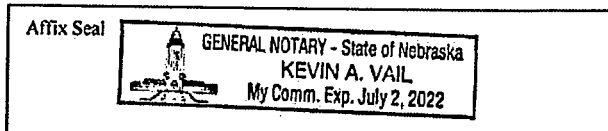
The foregoing instrument was acknowledged before me this

2-17-21  
date

by Michelle L. Van Leuven

NAME OF PERSON BEING ACKNOWLEDGED

  
Notary Public signature



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.


**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.nebraska.gov

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NEBRASKA LIQUOR CONTROL COMMISSION

☒ I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation 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, represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

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

  
Signature of **NON-PARTICIPATING SPOUSE**  
**Jason M. Van Leuven**  
Print Name

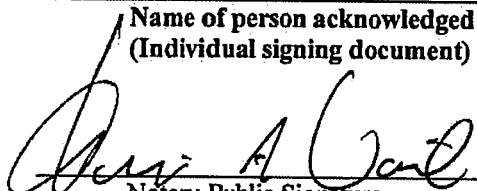
  
Signature of **APPLICANT**  
**Michelle L. Van Leuven**  
Print Name

State of Nebraska, County of Sarpy

The foregoing instrument was acknowledged before me  
this 2.17.2021 (date)

by **Jason M. Van Leuven**

Name of person acknowledged  
(Individual signing document)

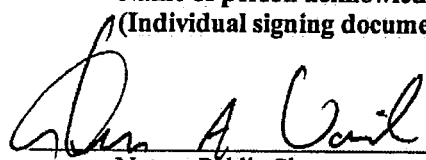
  
Notary Public Signature

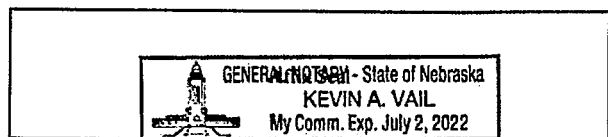
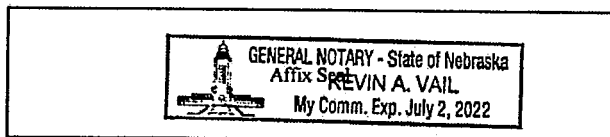
State of Nebraska, County of Sarpy

The foregoing instrument was acknowledged before me  
this 2.17.2021 (date)

by **Michelle L. Van Leuven**

Name of person acknowledged  
(Individual signing document)

  
Notary Public Signature



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.

# *Certificate of Achievement*

- for those who serve or sell alcohol in Nebraska

**MICHELLE VAN LEUVEN**  
holds a

State Alcohol certificate

Permit # RB-0131267

Permit Expires: 09-09-2023 Amount Paid: \$

 **Responsible Beverage Service Training**  
**N E B R A S K A** 