



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

TO: Pam Buethe, City Clerk

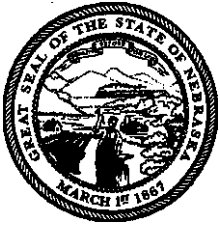
FROM: Chief Robert S. Lausten

DATE: May 29, 2014

RE: LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER-AVP
ENERGY L.L.C. DBA SINCLAIR GAS STATION

CC:

The police department conducted a check of computerized records regarding the applicant for the Manager application, Phyllis Reiser (AVP ENERGY L.L.C., DBA SINCLAIR GAS STATION). Reiser has no entries in Nebraska.



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 or (402) 471-2374

TRS USER 800 833-7352 (TTY)

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

May 28, 2014

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

RE: Manager Application Phyllis Reiser

LICENSE #B-88429

Dear Clerk:

Enclosed is a copy of a manager application for Phyllis Reiser in connection with AVP Energy #5, 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

William F. Austin
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
MAY 5 2014
**NEBRASKA LIQUOR
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**

Corporation/LLC information

Name of Corporation/LLC: AVP Energy LLC

Premise information

Liquor License Number: 088429 Class Type B
(if new application leave blank)

Premise Trade Name/DBA: Sinclair (AVP #5)

Premise Street Address: 8307 Park View Blvd

City: LaVista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-331-4145

Email address: _____

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

James M. Berg
SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Personal Information must be completed below

Last Name: Reiser First Name: Phyllis MI: M

Home Address (include PO Box if applicable): 12954 Corby Street

City: Omaha County: Douglas Zip Code: 68164

Home Phone Number: 402-496-3235 Business Phone Number: _____

Social Security Number: Drivers License Number & State: 601271583 NE

Date Of Birth: 06-13-1936 Place Of Birth: Omaha, NE

Email address: _____

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☐ YES

☒ NO

NEBRASKA LIQUOR

CONTROL COMMISSION

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

| CITY & STATE | YEAR FROM | YEAR TO | CITY & STATE | YEAR FROM | YEAR TO |
|-----------------------|-----------|---------|--------------|-----------|---------|
| 12954 Corby Omaha, NE | 1980 | Present | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| YEAR FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|-----------------|------------------|--------------------|---------------------|
| 2014 Present | AVP Energy | Seth Hendrix | 918-307-2225 |
| 1977 1997 | VA Hospital | Joan Gratz | 800-451-5796 |

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 **RECEIVED** no charges, please list charges by each individual's name.

☐ YES ☒ NO

MAY 5 2014

If yes, please explain below or attach a separate page.

**NEBRASKA LIQUOR
CONTROL COMMISSION**

| Name of Applicant | Date of Conviction (mm/yyyy) | Where Convicted (City & State) | Description of Charge | Disposition |
|-------------------|------------------------------------|---------------------------------------|-----------------------------|-------------|
| | | | | |
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| | | | | |
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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?

☐ 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: _____ Name on Certificate: _____

| Applicant Name | Date (mm/yyyy) | Name of program (attach copy of training certificate) |
|----------------|-------------------|-------------------------------------------------------|
| | | |
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CONTROL COMMISSION

*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: |
|----------------------------|------------------------|-------------------------------------------------------------------------------------|
| Phyllis Reiser Head Nurse | 1977 to 1997 | VA Nebraska-Western Iowa Health Care System 4101 Woodward Ave Omaha, NE 68105 |
| | | |
| | | |
| | | |
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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

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.

Phyllis M. Reiser
Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

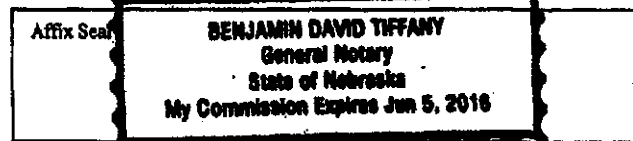
County of Douglas

The foregoing instrument was acknowledged before me this

28th day of April 2014
date

by Phyllis M. Reiser
name of person acknowledged

[Signature]
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.

Form 103
Rev 9/2013
Page 6 of 6

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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MAY 5 2014

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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MAY 5 2014
**NEBRASKA LIQUOR
CONTROL COMMISSION**

Nebraska March 21, 2012

VOTER INFORMATION

Mr: Mrs Phyllis M. Fisher
dw: 12904 County St
Omaha NE 68104

Reg Place:
Nebraska Election Commission
Main Room
13011 Spaulding Plaza
Omaha NE 68104
Hndg: Use South Entrance

Page: 1
Issue: 07
Printed: 16
Serial: 01

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| U.S. House of Rep | 2 | Legislature | 00 |
|-------------------------------|-------|--------------------|-------|
| Mayor | Omaha | City Council | 7 |
| Bd of Regents | 8 | State Bd of Ed | 8 |
| NRD | 3 | MLUD | Yes |
| Nebraska CCL | 3 | OPPD | Neuro |
| ESU | None | Learning Community | 1 |
| Public Serv Comm | 2 | Supreme Court | 2 |
| County Comm | 4 | Appellate Court | 2 |
| Behind District Omaha Sub #12 | | | |

* Polls are open on Election Day from 8:00 a.m. to 8:00 p.m. *