



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

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**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:**

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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,

A handwritten signature in cursive ink that reads "Jacqueline Rodriguez".

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

Office Use

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**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: 088419 (if new application leave blank) Class Type B

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

Premise Street Address: 8307 Park View Blvd

City: La Vista 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](http://www.lcc.ne.gov/license_search/licsearch.cgi)

*James M. Borg*  
**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**  
(Faxed signatures are acceptable)

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 Numbr:  Drivers License Number & State: 601271583 NE

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

Email address: \_\_\_\_\_ **RECEIVED**

MAY 6 2014

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
<u>12954 Corby Omaha, NE</u>	<u>1980</u>	<u>Present</u>			

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	608-451-5796

**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 more than one person, please list charges by each individual's name.

YES  NO

MAY 5 2014

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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):  
\_\_\_\_\_

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 certificate)
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		MAY 5 2014
		<b>NEBRASKA LIQUOR CONTROL COMMISSION</b>

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

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.



Signature of Manager Applicant



Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

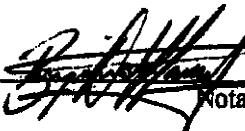
County of Douglas

The foregoing instrument was acknowledged before me this

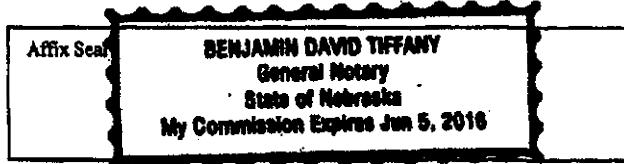
28<sup>th</sup> day of April 2014  
date

by Phyllis M. Reisen

name of person 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.

Form 103  
Rev 9/2013  
Page 6 of 6

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MAY 5 2014

NEBRASKA LIQUOR  
CONTROL COMMISSION

DEPARTMENT OF  
HEALTH AND  
REHABILITATION  
SERVICES  
ORIGINAL REC-  
ORDS  
BUREAU OF VITAL  
STATISTICS  
VITAL RECORDS

RECORDED  
BY STATE REGISTRAR

5-10-1972

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4-26-08

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NEBRASKA LIQUOR  
CONTROL COMMISSION

In Person: March 21, 2012

From: Mike Phillips M.Police  
Street: 12040 Center St.  
City: Omaha NE 68104

King Place:

Neighborhood Estates Clubhouse  
Amen Room  
120th Building Plaza  
Omaha NE 68104  
Hancock Law South Entrance

Payer: R  
Where: 07  
Phone: 18  
Select Type: 01

FORUM/VOTE POLL HERE	
U.S. House of Rep	2
Mayor	Omaha
Gov of Regency	3
NRD	3
Neuro C.C.	3
ESU	None
Public Serv Comm	2
County Comm	4
School District Omaha Sub 812	2

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