

A-13



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

TO: Pam Buethe, City Clerk

FROM: Chief Robert S. Lausten

DATE: September 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, Kevin Matras (AVP ENERGY L.L.C., DBA SINCLAIR GAS STATION). Matras has no criminal record 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/>

September 24, 2014

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

RE: Manager Application Kevin Matras

LICENSE B-88429

Dear Clerk:

Enclosed is a copy of a manager application for Kevin Matras in connection with the 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

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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: 088429 / 088430 Class Type B / D
(if new application leave blank)

Premise Trade Name/DBA: AVP Energy #5 / AVP Energy #3

Premise Street Address: 8307 Parkview Blvd / 10505 Pacific St

City: La Vista / Omaha County: Sarpy / Douglas Zip Code: 68128 / 68114

Premise Phone Number: 402-331-4145 / 402-393-2956

Email address: shendrix@avpenergy.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. Click on this link to see authorized individuals. http://www.lcc.ne.gov/license_search/licsearch.cgi

Sherry M. Perry

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)



1400021908

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Matras First Name: Kevin MI: P
Home Address (include PO Box if applicable): 8540 Granville pkwy Apt # 919
City: Lavista County: Sarpy Zip Code: 68128
Home Phone Number: _____ Business Phone Number: 402 331 4145
Social Security Number: - Drivers License Number & State: H12915746NE
Date Of Birth: 01/15/1986 Place Of Birth: Kearney NE
Email address: Kmatras@yahoo.com

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

☐ YES

☒ NO

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CONTROL COMMISSION

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Drivers License Number & State: _____
Date Of Birth: _____ Place Of Birth: _____

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

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lavista NE	2011	Present			
Papillion NE	1990	2011			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
May 2014	Present	AVP Energy	Sandy Wetzel	402 331 4145
2013	2014	First Data	Mat	402 777 3934

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 party, please list charges by each individual's name.

☐ 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):

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 course completion certificate)
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		SEP 12 2014
		NEBRASKA LIQUOR 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:
Kevin Matras Assistant Manager	May 2014	Avp Energy 8307 Parkview Blvd Lavista Ne 68128

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

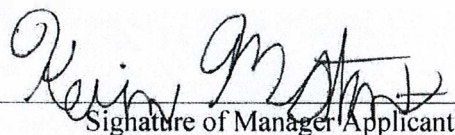
☐ NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

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

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CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska

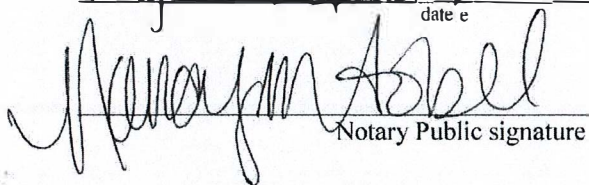
County of SARPIA

August 23, 2014
date

The foregoing instrument was acknowledged before me this

by

Kevin P. Matras
name of person acknowledged


Notary Public signature

Affix Seal

GENEAL NOTARY - State of Nebraska
NANCY M. JOBEL
My Comm. Exp. December 11, 2015

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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE
DEPARTMENT OF HEALTH. IT CERTIFIES THE BELOW TO BE A TRUE COPY
OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR
VITAL RECORDS.

DATE OF ISSUANCE

MAR 12 1987

LINCOLN, NEBRASKA

Stanley S. Cooper

STANLEY S. COOPER, DIRECTOR

BUREAU OF VITAL STATISTICS

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

128-

86 00111

CERTIFICATE OF LIVE BIRTH

CHILD - NAME FIRST MIDDLE LAST			SEX	DATE OF BIRTH (Month, Day, Year)		HOUR
Kevin Paul Matras			Male	January 15, 1986		11:26 p.m.
HOSPITAL - NAME (If not in hospital, give street and number)			INSIDE CITY LIMITS (Specify Yes or No)	CITY, TOWN, OR LOCATION OF BIRTH		COUNTY OF BIRTH
Good Samaritan Hospital			Yes	Kearney		Buffalo
I certify that the stated information concerning this child is true to the best of my knowledge and belief			DATE SIGNED (Month, Day, Year)		NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
5a. (Signature) C. L. Jensen, M.D.			5b. January 16, 1986		5c.	
CERTIFIER - NAME AND TITLE (Type or print)			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
C. L. Jensen, M.D.			101 W. 24th, Kearney, Nebraska 68847			
REGISTRAR - SIGNATURE			RECEIVED MONTH DAY YEAR			
Stanley S. Cooper			January 23 1986			
MOTHER - MAIDEN NAME FIRST MIDDLE LAST			AGE (At time of birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
Paula May Wells			33	Omaha, Nebraska		
RESIDENCE - STATE	COUNTY	CITY, TOWN, OR LOCATION, (Include zip code)	INSIDE CITY LIMITS (Specify Yes or No)	STREET AND NUMBER		
Nebraska	Sarpy	Omaha 68157	No	7310 Sun Valley Drive		
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
FATHER - NAME FIRST MIDDLE LAST			AGE (At time of birth)	CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)		
Francis Raymond Matras			35	Omaha, Nebraska		
I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief (Signature of Person)				RELATION TO CHILD		
Paula Matras				Mother		

Registrant Search Results

Sarpy

Registrant ID Status	Registrant Name Address	Birth Date	Registration Date	Precinct Part Phone	Party	Gender	Race
1259400 Active	Matras, Kevin Paul Apt 919 8540 Granville Pkwy La Vista, NE 68128	1/15/1986	1/16/2004	33.01 402-350-1380	Republican	Male	

Total for Sarpy :

1

Total number of Registrants :

1

Precinct: Precinct 40
Polling Place: Party: REP
First Lutheran Church 40
420 N. Washington St.
Papillion
U.S. Congressional District 2
Legislative District 14
County Commissioner District 2
Mayor of Papillion
Papillion City Council Ward 4
Papillion-La Vista Public Schs
Learning Community 1 - Dist 6

FOR WALLET SIZE - FOLD HERE

Sarpy County, State of Nebraska

1259400
Paul K Matras
314 S Polk St
Papillion, NE 68046

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CONTROL COMMISSION