

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

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,

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

Office Use

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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**

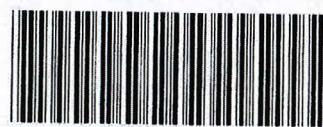
Premise Phone Number: **402-331-4145 / 402-393-2956**

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



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

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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

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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**)

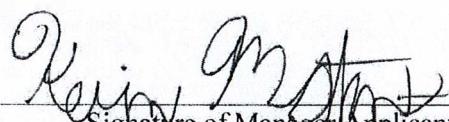
YES NO

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

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Signature of Spouse

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ACKNOWLEDGEMENT

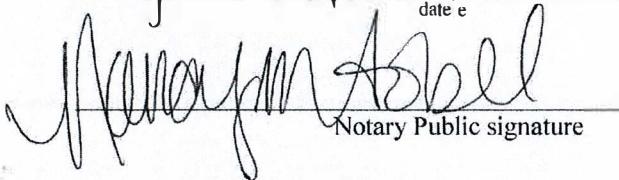
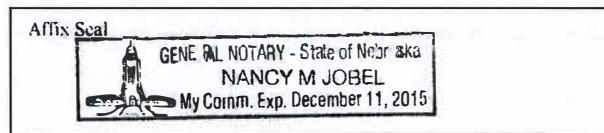
State of Nebraska

County of Saline

August 23, 2014
date

The foregoing instrument was acknowledged before me this

by Kevin P. Matras
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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

WHEN 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	86-0011
CERTIFICATE OF LIVE BIRTH						
1. CHILD - NAME "HOSPITAL - NAME (If not in hospital, give street and number)	2. FIRST	3. MIDDLE	4. LAST	5. SEX	6. DATE OF BIRTH (Month, Day, Year)	7. HOUR
Good Samaritan Hospital	Kevin	Paul	Matras	2. Male	6. January 15, 1986	7. 11:26 p.m.
4a. Inside City Limits (Specify Yes or No)			4b. Yes	4c. CITY, TOWN, OR LOCATION OF BIRTH	4d. COUNTY OF BIRTH	
4e. Kearney			4f. Buffalo			
I certify that the stated information concerning this child is true to the best of my knowledge and belief.						
5a. (Signature) C. L. Jensen, M.D.						
CERTIFIER - NAME AND TITLE (Type or print)						
6a. C. L. Jensen, M.D.						
REGISTRAR - SIGNATURE						
7a. Stanley S. Cooper						
8. MOTHER - MAIDEN NAME	9. FIRST	10. MIDDLE	11. LAST	12. AGE (At time of birth)	13. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)	7b. January 23, 1986
8a. Paula	9a. May	10a. Wells	11a. 33	12a. No	13a. Omaha, Nebraska	7c. STREET AND NUMBER
8b. Nebraska	8c. COUNTY	9b. Sarpy	9c. Omaha	10b. 68157	11b. 7310 Sun Valley Drive	12b. Mother
MOTHER'S MAILING ADDRESS - Enter if not same as residence						
14. FATHER - NAME	15. FIRST	16. MIDDLE	17. LAST	18. AGE (At time of birth)	19. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)	14a. Francis
14b. Raymond	15b. Matras	16b. 35	17b. Omaha, Nebraska	18b. Mother	19b. (Signature)	14c. (Signature)
I certify that the personnel information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Person)						
12a. (Signature)	Paula Matras	12b. (Signature)	12c. (Signature)	12d. (Signature)	12e. (Signature)	12f. (Signature)

Registrant Search Results

Sarpy

Registrant ID Status	Registrant Name Address	Birth Date	Registration Date	Phone	Precinct Part 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 :

Total number of Registrants :

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

Sarpy County, State of Nebraska

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

FOR WALLET SIZE • FOLD HERE

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