

A-12

LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM

TO: PAM BUETHE, CITY CLERK
FROM: BOB LAUSTEN, POLICE CHIEF
SUBJECT: LOCAL BACKGROUND- MANAGER -BUCKY'S
DATE: 5/27/2015
CC:

The police department conducted a check of computerized records on the applicant, Robert Diesing for criminal conduct in Nebraska and Sarpy County in reference to the Liquor License application. The applicant has no entries.



Pete Ricketts
Governor

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION

Howard 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 21, 2015

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

RE: Manager Applications Robert J. Diesing

LICENSE #D-56407

Dear Clerk:

Enclosed is a copy of a manager application for Robert J. Diesing, in connection with the Bucky's Express 73, 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
Jacqueline Rodriguez
Licensing Division
NEBRASKA LIQUOR CONTROL COMMISSION
402-471-2571

encl.

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

Bruce Bailey
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. See Form 147 for further information, this form MUST be included with your application.
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: Buck's Inc

Premise information

Liquor License Number: 56407 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Bucky's Express # 73

Premise Street Address: 7203 Harrison Street

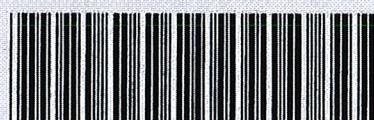
City: LaVista County: Sarpy Zip Code: 68128

Premise Phone Number: 402 592 4920

Email address: bdiesing@buchananenergy.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)



1500012637

Form 103
REV JAN 2015
Page 2 of 6

Manager's information must be completed below. PLEASE PRINT CLEARLY

Last Name: **Diesing**

First Name: **Robert** MI: **J**

Home Address (include PO Box if applicable): **1005 E Aberdeen Drive**

City: **Papillon**

County: **Sarpy**

Zip Code: **68046**

Home Phone Number: _____

Business Phone Number: **402 558 9860**

Social Security Number: **123-45-6789**

Drivers License Number & State: **NE**

Date Of Birth: **12/22/1967**

Place Of Birth: **Omaha NE**

Email address: **bdiesing@buchananenergy.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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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Spouse's information

Spouses Last Name: **Diesing**

First Name: **Sheri** MI: **J**

Social Security Number: _____

Drivers License Number & State: **NE**

Date Of Birth: _____

Place Of Birth: **Omaha NE**

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

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Papillion NE	1998	2015	Papillion NE	1998	2015

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2011	2015	Buck' Inc	Steve Kapple	402 558 9860
2007	2011	Premier Beverage	Mark Wright	402 891 1212

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

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	NEBRASKA LIQUOR CONTROL COMMISSION 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: RBST Name on Certificate: Robert Diesing

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Robert Diesing	04/2015	RBST Nebraska
		RECEIVED

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

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Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business
Robert Diesing / Beverage Category Manager	Aug 2011	NEBRASKA LIQUOR CONTROL COMMISSION Buck's Inc 7315 Mercy Road Omaha Ne 68124

5. Have you enclosed Form 147 regarding fingerprints?

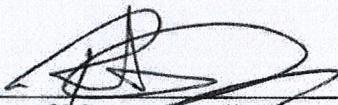
YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

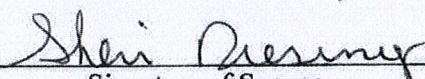
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true.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

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State of Nebraska
County of Douglas

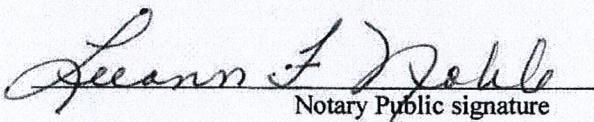
4-7-2015

date

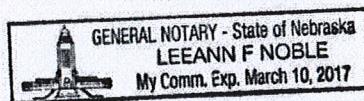
The foregoing instrument was acknowledged before me this

Robert Biesing NEBRASKA LIQUOR CONTROL COMMISSION

name of person acknowledged


Notary Public signature

Affix Seal



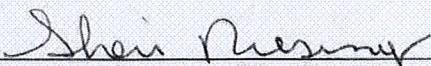
In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

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.ne.gov

Office Use

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit 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 or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

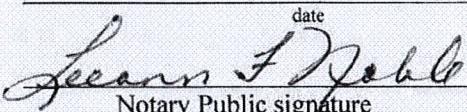


Signature of spouse asking for waiver
(Spouse of individual listed below)

State of Nebraska

County of Douglas

April 7 2015



Notary Public signature

Sheri Delsing

Printed name of spouse asking for waiver

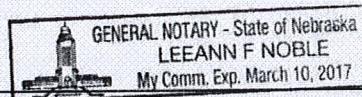
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The foregoing instrument was acknowledged before me this

APR 10 2015
Sheri Delsing

NEBRASKA LIQUOR
CONTROL COMMISSION

Affix Seal



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

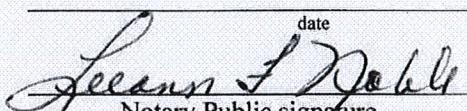


Signature of individual involved with application
(Spouse of individual listed above)

State of Nebraska

County of Douglas

April 7 2015



Notary Public signature

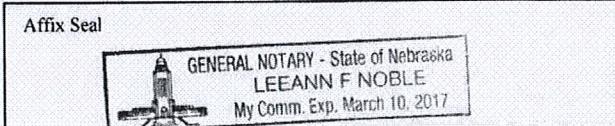
Robert Diesing

Printed name of applying individual

The foregoing instrument was acknowledged before me this

Robert Diesing

name of person acknowledged



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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

ROBERT JEROME DIESING

has earned a

Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

RB-0043824

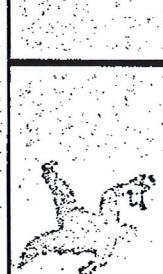
Expires: 04-07-2018 Amount Paid: \$



Responsible Beverage Service Training

N E B R A S K A



General	Credential	Number	Earned	Expires
Robert Jerome Diesing	RBST GENERAL	RB-0043824	04-07-2015	04-07-2018
1005 e aberdeen drive Papillion NE 68046				
<p>RECEIVED APR 10 2015 NEBRASKA LIQUOR CONTROL COMMISSION</p> 				

Sarpy

Processed: 04/06/2015 1:15 PM

Printed: 04/06/2015 1:15 PM

Registrant Search Results

Sarpy

Registrant ID Registrant Name
Status Address

Precinct Part
Birth Date Registration Date Phone Party Gender Race

1226249 Diesing, Robert J, Jr
Active 1005 E Aberdeen Dr
 Papillion, NE 68046

10/29/1967 9/1/1998 38.01

Republican

Male

Total for Sarpy :

1

Total number of Registrants :

1

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CONTROL COMMISSION