

City of Scottsbluff, Nebraska

Monday, October 19, 2015

Regular Meeting

Item Public Inp3

Council to consider making a recommendation to the Nebraska Liquor License Commission regarding the appointment of Robert Yendra as the Whiskey Creek Liquor License Manager.

Staff Contact: Cindy Dickinson, City Clerk

**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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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: Scottsbluff Steak Company LLC

Premise information

Liquor License Number: 048787 Class Type IK (if new application leave blank)

Premise Trade Name/DBA: Whiskey Creek

Premise Street Address: 1802 E 20th Place

City: Scottsbluff County: Scotts Bluff Zip Code: 69361

Premise Phone Number: 308-632-4900

Email address: scottsbluffwc@whiskeycreek.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)



1500019729

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Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Yendra First Name: Robert MI: A
Home Address (include PO Box if applicable): 11150 Stagecoach Road
City: Hickman County: Lancaster Zip Code: 68372
Home Phone Number: 402-440-0721 Business Phone Number: 308-234-2757
Social Security Number: _____ Drivers License Number & State: 609022444
Date Of Birth: 6/9/72 Place Of Birth: Kearney, NE
Email address: ryendra@whiskeycreek.com

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

☐ YES

☒ NO

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
Hickman NE	2000	Present			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004	2015	Fanning Daves	Chuck LeBorgne	402-421-3434
2001	2004	Wild West Inc	James Gardner	308-237-2757

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

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4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: 07-30-2015 Name on Certificate: Robert Allen Yendra

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Robert Allen Yendra	04/2015	Responsible Beverage Service Trn

*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:

5. Have you enclosed Form 147 regarding fingerprints?

☐ YES ☐ NO

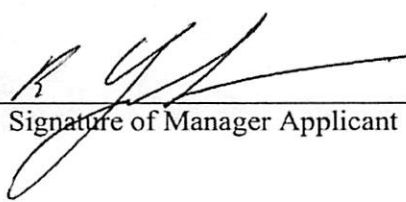
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PERSONAL OATH AND CONSENT OF INVESTIGATION

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

ACKNOWLEDGEMENT

State of Nebraska
County of

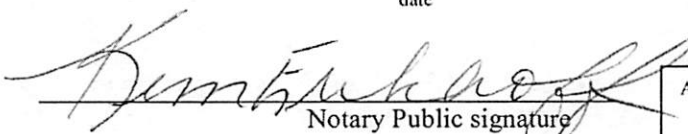
Buffalo

The foregoing instrument was acknowledged before me this

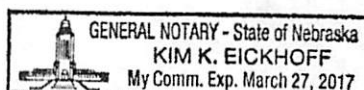
7-28-15
date

by

Robert Yendra
name of person acknowledged


Notary Public signature

Affix Seal



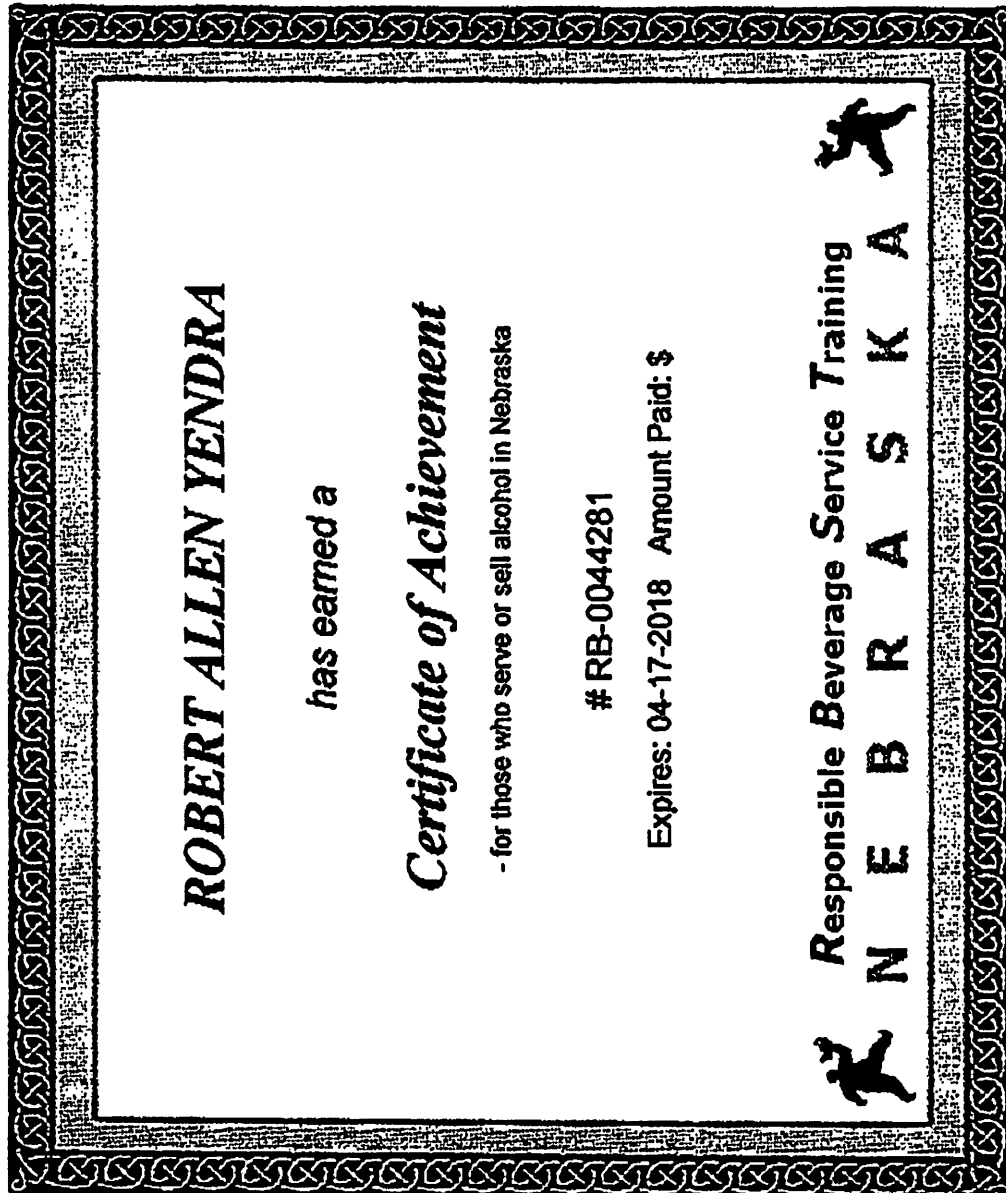
In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

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Memo

To: Rick Kuckkahn, City Manager
From: Kevin E Spencer, Chief of Police
CC: liquor file
Date: October 14, 2015
Re: Manager application- Robert A. Yendra – Scottsbluff Steak Company LLC dba/Whiskey Creek Steakhouse, License IK-48787, 1802 E 20th Place Scottsbluff, NE 69361

This applicant, Robert A. Yendra, was investigated for suitability as a license holder. Nothing was discovered that would prohibit him from holding a manager position under this license. Robert Yendra reported that he had never been convicted of any violations. In reviewing Robert's criminal history it was found that he had been convicted of "No Valid Registration" and "No proof on insurance" in 2005, "No Insurance and Speeding" in 2007 and "No Valid Registration" in 2009. In talking to Robert he did not realize that he was required to report these types of convictions.

Tuesday October 14, 2015 I called Robert to ask him questions about business policies and procedures as well as his experience in the industry. Robert told me that he has been in the restaurant business all of his life "since he was able to work." Robert added that he has been in restaurant management for at least 20 years. Robert told me that this will be the first time that he will be named as a manager on a liquor license.

I asked Robert what measures or processes Whiskey Creek currently had in place to prevent under aged drinking. Robert stated that all employees are required to ask anyone who looks 50 years of age and under for identification. Robert said if they ask for ID and the customer is unable to provide any they do not serve alcohol to them.

Robert told me that Whiskey Creek has their own alcohol training program that all servers have to complete annually. Robert told me that they are starting to attend the state patrol responsible beverage service training adding that he just completed their training. I asked Robert what would happen to an employee that sold alcohol to a minor. Robert told me that the employee would be terminated and depending on the circumstances could initiate a retraining of all employees.

I asked Robert about security and inventory of all alcohol. Robert stated that they have an intrusion alarm for after-hours but do not have any cameras. Robert stated that they have an alcohol closet where the excess alcohol is stored. Robert added that the beer inventory is locked inside a cage in the walk in cooler. Robert said that the two managers are responsible for inventory and ordering of the alcohol, adding that the inventory is done every week or at minimum every ten days and then every months end.

I asked Robert how he will help to manage the business from out of town as he lives in Hickman Nebraska. Robert told me that he will make routine visits to the restaurant 2 to 4 times a month depending on staffing levels and what is going on at the business. Robert told me that he will maintain almost daily contact with the managers by phone and e-mail.

Respectfully,

Kevin E Spencer