

# **City of Scottsbluff, Nebraska**

**Monday, March 15, 2021**

**Regular Meeting**

## **Item Public Inp1**

**Council to discuss and consider action on making a recommendation to the Nebraska Liquor Control Commission naming Kirby A. Case as the Liquor License manager of Western Travel Terminal, LLC d/b/a Western Travel Terminal, 822 S. Beltline Hwy West, Scottsbluff, NE.**

Staff Contact: Kim Wright, 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.nebraska.gov

Office Use	<b>RECEIVED</b>
	JAN 22 2021
	NEBRASKA LIQUOR CONTROL COMMISSION

**FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE PROCESSED**

**MANAGER MUST:**

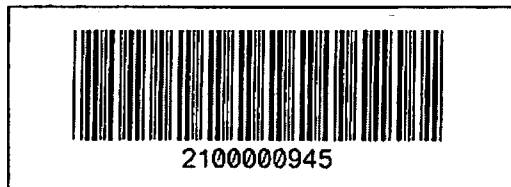
- ✓ • Complete all sections of the application. Be sure it is signed by a member or corporate officer, ✓ corporate officer or member must be an individual on file with the Liquor Control Commission
- ✓ • Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- ✓ • Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- ✓ • Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who will not participate in the business, spouse must:

- ✓ • Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

~~Spouse who will participate in the business, the spouse must:~~

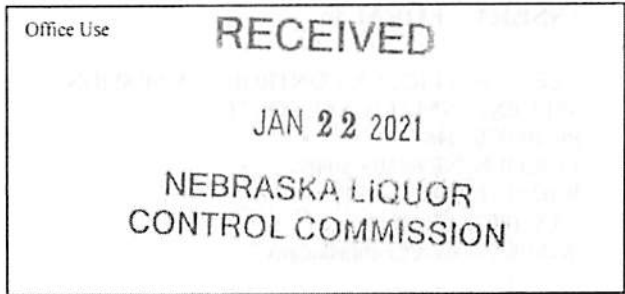
- ~~• Sign the application~~
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required



Form 103  
Rev July 2018  
Page 1 of 6

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**MUST BE:**

- ✓ Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form MUST be included with your application
- ✓ 21 years of age or older

**Corporation/LLC information**

Name of Corporation/LLC: Western Travel Terminal

**Premise information**

Liquor License Number: 113000 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Western Travel Terminal

Premise Street Address: 822 S. Beltline Hwy. W.

City: Scottsbluff County: Scotts Bluff Zip Code: 69361

Premise Phone Number: (308) 635-7374

Premise Email address: xcase@westernterminal.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. To see authorized officers or members search your license information [here](#).

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

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

Last Name: Case First Name: Kirby MI: A.  
 Home Address: 1645 P Street  
 City: Gering County: Scotts Bluff Zip Code: 69341  
 Home Phone Number: (308) 436-3240  
 Driver's License Number & State: [REDACTED]  
 Social Security Number: [REDACTED]  
 Date Of Birth: [REDACTED] Place Of Birth: Scottsbluff NE  
 Email address: kcase123@hotmail.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: Case First Name: Kelly MI: A  
 Social Security Number: [REDACTED]  
 Driver's License Number & State: [REDACTED]  
 Date Of Birth: [REDACTED] Place Of Birth: El Paso TX

**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
<u>Gering NE</u>	<u>1988</u>	<u>2021</u>	<u>Gering NE</u>	<u>1988</u>	<u>2021</u>

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1999	2020	Oregon Trail Plumbing	owner	(308) 635-1921
1984	1999	Industrial Midvue	Rod Jensen	No Longer in Business

**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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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
Kirby Case	Appx. 1980	Lake Minatare	M.I.P.	Probation
Kirby Case	Appx. 1983	Minatare NE	Gave beer to a minor. my brother going into the military.	Fined

**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):

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**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)
<i>Kirby Case</i>	<i>01/2021</i>	<i>eTIPS off premise 3.1</i>

\*For list of NLCC Certified Training Programs see training

**Experience:**

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
<i>No experience in this field</i>		

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.

*Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

[Signature]  
Signature of Manager Applicant

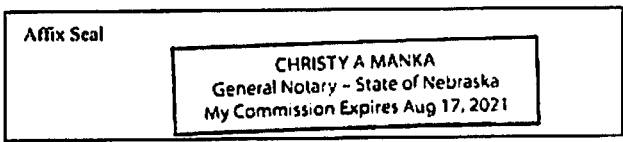
[Signature]  
Signature of Spouse

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Scotts Bluff The foregoing instrument was acknowledged before me this

January 15 2021 by Christy A. Manka  
date NAME OF PERSON BEING ACKNOWLEDGED

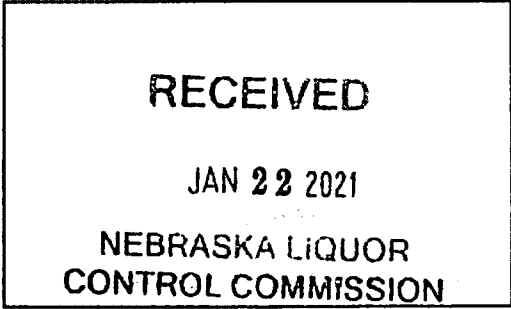
Christy A. Manka  
Notary Public signature



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.

**PRIVACY ACT STATEMENT/  
SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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**THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED:  
DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE**
- Fee payment of \$45.25 per person **MUST** be made **DIRECTLY** to the Nebraska State Patrol;  
It is recommended to make payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp)  
Or a check made payable to **NSP** can be mailed directly to the following address:  
**\*\*\*Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License\*\*\***  
The Nebraska State Patrol – CID Division  
3800 NW 12<sup>th</sup> Street  
Lincoln, NE 68521
- Fingerprints taken at NSP LIVESCAN locations will be forwarded to NSP – CID  
*Applicant(s) will not have cards to include with license application.*
- Fingerprints taken at local law enforcement offices may be released to the applicants;  
*Fingerprint cards should be submitted with the application.*

***Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34.***

**\*\*\*\*Please Submit this form with your completed application to the Liquor Control Commission\*\*\*\***

Trade Name WTT Western Travel Terminal

Name of Person Being Fingerprinted: Kirby A. Case

Date of Birth: [REDACTED] Last 4 SSN: [REDACTED]

Date fingerprints were taken: 1/19/2021

Location where fingerprints were taken: Scottsbluff Nebraska State Patrol

How was payment made to NSP? 4500 Ave. I Scottsbluff NE 69361

NSP PAYPORT  CASH  CHECK SENT TO NSP CK # \_\_\_\_\_

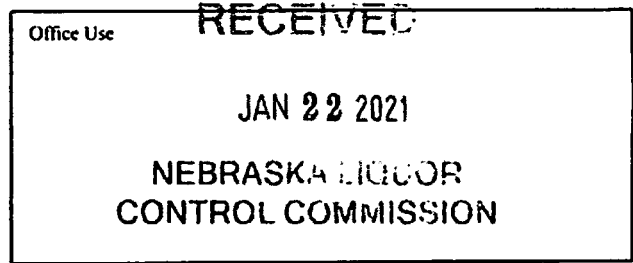
My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

Kirby A. Case  
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED



**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

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I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation 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, represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

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

Kelly Case  
Signature of NON-PARTICIPATING SPOUSE

Kelly Case  
Print Name

Kelly Case  
Signature of APPLICANT

Kelly Case  
Print Name

State of Nebraska, County of Scotts Bluff

State of Nebraska, County of Scotts Bluff

The foregoing instrument was acknowledged before me  
this January 15, 2021 (date)

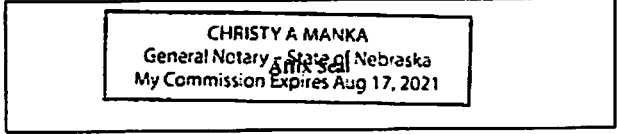
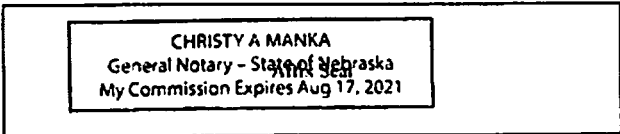
The foregoing instrument was acknowledged before me  
this January 15, 2021 (date)

by Christy A. Manka  
Name of person acknowledged  
(Individual signing document)

by Christy A. Manka  
Name of person acknowledged  
(Individual signing document)

Christy A. Manka  
Notary Public Signature

Christy A. Manka  
Notary Public Signature



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



**This is your official TIPS certification card. Carry it with you as proof of your TIPS certification.**

**Congratulations!**

This card certifies that you have successfully completed the TIPS (Training for Intervention ProcedureS) program. We value your participation and dedication to the responsible sale, service, and consumption of alcohol.

By using the techniques you have learned, you will help to provide a safer environment for your patrons, peers, and colleagues and reduce the tragedies resulting from intoxication, underage drinking, and drunk driving.

If you have any information you think would enhance the TIPS program, or if we can assist you in any way, please contact us at 800-438-8477.



Sincerely,  
*Adam F. Chafetz*  
Adam F. Chafetz  
HCI President

ID#: 5415718 Name: Kirby Case  
Exam Date: 1/9/2021 Expiration Date: 1/8/2024

**TIPS** eTIPS Off Premise 3.1 **CERTIFIED**  
Issued: 1/9/2021 Expires: 1/8/2024  
ID#: 5415718

Kirby Case  
Western Travel Terminal  
822 S Beltline Hwy W  
Scottsbluff, NE 69361-1321

For service visit us online at [www.gettips.com](http://www.gettips.com)

# Memo

**To:** Dustin Rief, City Manager  
**From:** Kevin E Spencer, Chief of Police  
**CC:** liquor file  
**Date:** March 11, 2021  
**Re:** Manager Application – Kirby Case, Western Travel Terminal 822 S. Beltline Hwy. W  
Scottsbluff, NE License number D-113000

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The applicant, Kirby Case, was investigated for suitability as the manager of Western Travel Terminal's liquor license. Nothing was discovered that would prohibit him from holding a manager's position under the license. Kirby disclosed having been convicted of Minor in Possession in 1980, and Providing alcohol to a minor in 1983. I did find where Mr. Case had been fined 25 dollars in 2006 for violating the Nebraska boating act regulations. When asked Kirby explained that he was riding a jet ski to close to the shore at Lake Minatare.

Kirby appeared before the City of Scottsbluff Liquor License Investigatory Board to explain Western Travel Terminal's processes relating to their handling of alcohol. Kirby told the committee that all of the employees, including himself, are required to attend certified alcohol training no matter their responsibilities. Kirby said that when a customer purchases alcohol the register interrupts the transaction requiring the clerk to scan the customer's driver's license and manually enter their date of birth. When asked Kirby told the committee that any employee who would sell liquor to a minor would be terminated immediately. WTT currently has video equipment recording the interior and exterior of the business. After discussion the Liquor License Advisory Board unanimously approved a positive recommendation to council.

I have found no information that would indicate that Kirby Case is not fit, willing and able to manage the WTT Liquor License.

Respectfully,



Kevin E Spencer  
Chief of Police  
City of Scottsbluff