

City of Seward, NE

Tuesday, August 4, 2015

Regular Session

Item G4

CONSIDERATION OF APPROVAL OF KAYLA EISENMENGER AS MANAGER OF VETERAN'S FW POST #4755, 243 S 9TH ST, CLASS C LIQUOR LICENSE - Bonnie Otte

Administrative Report: Following review and discussion, a motion to approve Kayle Eisenbenger as Manager of Veteran's FW Post #4755 Class C Liquor License would be in order.

Staff Contact:



Pete Ricketts
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/>

July 17, 2015

SEWARD CITY CLERK
PO BOX 38
537 MAIN STREET
SEWARD NE 68434

RE: Manager Application Kayla Eisenmenger

LICENSE #C-001681

Dear Clerk:

Enclosed is a copy of a manager application for Kayla Eisenmenger, in connection with the Veterans F W, located in Seward.

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

Bruce Bailey
Commissioner

An Equal Opportunity Employer

**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 | RECEIVED JUL 17 2015 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. 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: Veterans FW 4755

Premise information

Liquor License Number: 001681 Class Type C (if new application leave blank)

Premise Trade Name/DBA: VFW Post 4755

Premise Street Address: 243 S. 9th St.

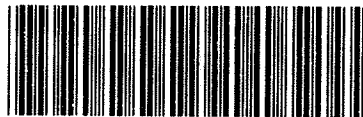
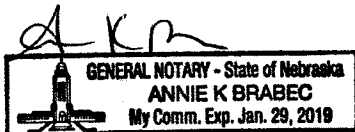
City: Seward County: Seward Zip Code: 68434

Premise Phone Number: 402-643-6038

Email address: _____

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

Jeffrey M. Baker 7-13-15 Jeffrey M. Baker
SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)



Form 103
REV JAN 2015
Page 2 of 6

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Eisenmenger First Name: Kayla MI: F.I.
 Home Address (include PO Box if applicable): 1258 N. 6th Street
 City: Seward NE County: Seward Zip Code: 68434
 Home Phone Number _____ Business Phone Number _____
 Social Security Number _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: _____
 Email address: kaylafieisenmenger@gmail.com

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

YES NO

JUL 9 2015

Spouse's information

NEBRASKA LIQUOR CONTROL COMMISSION

Spouses Last Name: Eisenmenger First Name: Dane MI: R.
 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 |
|--------------|-----------|---------|--------------|-----------|---------|
| Lincoln, NE | 2013 | 2014 | Norfolk NE | 2005 | 2007 |
| Wayne, NE | 2009 | 2013 | Lincoln NE | 2007 | 2009 |
| Oakland NE | 1991 | 2009 | Wayne NE | 2009 | 2012 |
| Seward, NE | 2014 | Present | Lincoln NE | 2013 | 2014 |
| | | | Seward NE | 2014 | Present |

RECEIVED

JUL 17 2015

NEBRASKA LIQUOR CONTROL COMMISSION
 Form 103 REV JAN 2015 Page 3 of 6

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM TO | | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|--------------|------|--|--------------------|------------------|
| 2014 | 2015 | Bright Beginnings Child Development Center | Kerry Murphy | 402-309-3642 |
| 2013 | 2014 | Westminister Preschool | Suzanne Schneider | 402-617-7470 |

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):

RECEIVED

JUL 9 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

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

RECEIVED

JUL 17 2015

NEBRASKA LIQUOR CONTROL COMMISSION

Form 103
REV JAN 2015
Page 4 of 6

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) |
|----------------|----------------|--|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

*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: |
|-------------------------------|---------------------|------------------------------|
| Mayla Eisenmenger waitress | 2010-2013 | Godfather's Wayne NE 68787 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

RECEIVED
JUL 17 2015
NEBRASKA LIQUOR CONTROL COMMISSION

RECEIVED
JUL 9 2015
NEBRASKA LIQUOR CONTROL COMMISSION

Form 103
REV JAN 2015
Page 5 of 6

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.

Kayla F. Eisenmenger Signature of Manager Applicant Dane Eisenmenger Signature of Spouse

RECEIVED

JUL 17 2015

ACKNOWLEDGEMENT

NEBRASKA LIQUOR CONTROL COMMISSION

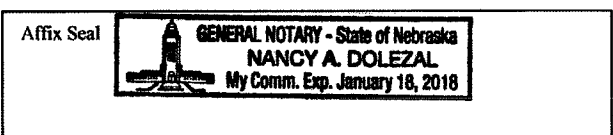
State of Nebraska County of Seward

The foregoing instrument was acknowledged before me this

14th day of July date

by Kayla F. Eisenmenger & Dane Eisenmenger name of person acknowledged

Mary A. Dolezal 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.



City of Seward, Police Department
Chief of Police
Alan D. Baldwin
148 South First Street
Seward Nebraska 68434
Phone and TDD 402-643-2579 Fax 402-643-6785

July 17, 2015

Liquor license manager's application

Kayla Eisenmenger

VFW Post 4755
Seward, NE

There were no pertinent negative local contacts

Recommendation is to issue license

Chief Alan D. Baldwin

Chief Alan D. Baldwin