



**LA VISTA POLICE DEPARTMENT  
INTER-DEPARTMENT MEMO**

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** April 23, 2019

**RE:** LOCAL BACKGROUND- MANAGER  
COSTCO

**CC:**

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The police department reviewed the Nebraska Liquor Control Commission documents completed by the applicant and conducted a check of local records relating to the Manager Application for Dale Robertson. Robertson has no criminal record in Sarpy County.

As with all Nebraska Retail Liquor Licenses, I am asking that the applicant strictly conform to Nebraska Liquor Control Commission rules and regulations under (Sec 53-131.01) Nebraska Liquor Control Act.

**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](http://www.lcc.nebraska.gov)

Office Use

**RECEIVED**

APR 16 2019

NEBRASKA LIQUOR  
CONTROL COMMISSION

**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: COSTCO WHOLESALE CORPORATION

**Premise information**

Liquor License Number: 119793 Class Type D (if new application leave blank)

Premise Trade Name/DBA: COSTCO WHOLESALE 1237

Premise Street Address: 12515 PORTSIDE PKWY

City: LA VISTA County: SARPY Zip Code: 68128

Premise Phone Number: (402) 378-7398

Premise Email address: W01237MGR@COSTCO.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)

Gail E. Tsubol  
AVP / Assistant Secretary

Last Name: Robertson First Name: Dale MI: R  
Home Address: 8015 S 199th St  
City: Gretna County: Sarpy Zip Code: 68028  
Home Phone Number: \_\_\_\_\_  
Driver's License Number & State: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: Lancaster, CA  
Email address: dale.robertson 205@gmail.com

YES

NO

Spouses Last Name: Robertson First Name: Diana MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Driver's License Number & State: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: Chicago, IL

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Alsip, IL	2015	2018	Alsip, IL	2015	2018
Chicago Ridge, IL	2008	2015	Chicago, IL	2001	2015

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2001	Current	Costco Wholesale	Dick Snyder	630-581-6200

**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

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: 24782 Name on Certificate: Dale Robertson

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
<u>Dale Robertson</u>	<u>03/2019</u>	<u>Nebraska Alcohol Server/Seller Certification</u>

\*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
<u>Dale Robertson / GM</u>	<u>6/2001 - Current</u>	<u>Costco Wholesale - 12515 Portside Pkwy La Vista, NE, 68128</u>

5. Have you enclosed form 147 regarding fingerprints?

YES  NO

Form 103  
Rev July 2018  
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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 of Manager Applicant

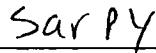


Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

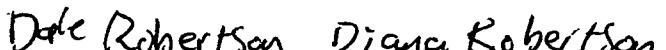
County of



The foregoing instrument was acknowledged before me this

March 29<sup>th</sup> 2019

date



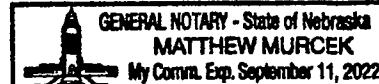
NAME OF PERSON BEING ACKNOWLEDGED



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.

# Certificate of Completion

This is to certify that

## Dale Robertson

has successfully completed the following  
**HOSPITALITYexam.com course and examination**

**Course Name:** Nebraska Alcohol Server/Seller Certification



Edward D McLean, Administrator  
[www.HOSPITALITYexam.com](http://www.HOSPITALITYexam.com)

Date: 03/01/2019  
Expiration: 36 Months  
Certificate #: 24782  
Birth Date: 06/16/1982