



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

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** September 24, 2020

**RE:** LOCAL BACKGROUND- MANAGER  
SWIZZLE STIX

**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 Steven Wyldes II. Wyldes 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	REF ID: <b>NEC-146</b>
SEP 24 2020	
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: **SSL Operating Group LLC**

**Premise Information**

Liquor License Number: **117333** Class Type **I** (if new application leave blank)

Premise Trade Name/DBA: **Swizzle Stix Lounge**

Premise Street Address: **7101 S. 84th Street**

City: **La Vista** County: **Sarpy** Zip Code: **68128**

Premise Phone Number: **(402) 339-1606**

Premise Email address: **corporatefilings@ehpv.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)

141  
Spousal  
BC  
Voter  
Training

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

Last Name: Wyldes II First Name: Steven MI: M

Home Address: 7719 Greenleaf Dr.

City: La Vista County: Sarpy Zip Code: 68128

Home Phone Number: ██████████

Driver's License Number & State: ██████████

Social Security Number: ██████████

Date Of Birth: ██████████ Place Of Birth: ██████████

Email address: swyldes@lavistakeno.com

YES

NO

Spouse's Info (check)

Spouses Last Name: Wyldes First Name: Ann MI: M

Social Security Number: ██████████

Driver's License Number & State: ██████████

Date Of Birth: ██████████ Place Of Birth: ██████████

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
La Vista NE	2005	2020			

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2020	2020	Sodexo	Chris Kline	402-306-7489
2019	2020	River City Nursing	Aharon	786-564-9339

**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
See Attachment A				

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): Walgreens (spouse was licensed as manager)**

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

Attachment A

Question 1. regarding any convictions/violations

Form 103

REV July 2018

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Steven Wyldes II	04/14/2017	Papillion NE	Violate Stop Sign/Traffic Signal	1 point
Steven Wyldes II		NE	Failure to Comply- 7/19/2017 Withdrawn*	Reinstated 4/30/2018
Steven Wyldes II		NE	Failure to Comply- 5/20/2010 Withdrawn*	Reinstated 3/25/2011

Unless indicated otherwise, the traffic violations shown date back as far as an online search of Nebraska Department of Motor Vehicles allows. This search was conducted at

<https://www.nebraska.gov/dmv/dlrcc/index.cgi>, which is an official Nebraska government website and available to the public. Each individual named on the application may have additional traffic violations predating the time period of the online search, or registered in jurisdictions other than Nebraska.

\*These entries were warning tickets for nonmoving violations. Applicant subsequently proved compliance and the warnings were withdrawn.

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

\*NLCC Training Certificate Issued: 06/2018 Name on Certificate: Steven Wyldes

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Steven Wyldes	06/2018	ServSafe Alcohol Certificate

\*For list of NLCC Certified Training Programs see training

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
NONE		

5. Have you enclosed form 147 regarding fingerprints?

YES       NO

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.

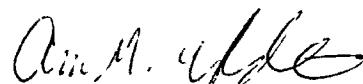
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action 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 Douglas The foregoing instrument was acknowledged before me this

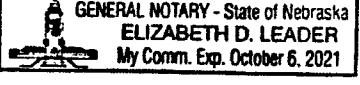
September 10, 2020

date

by Steven M. Wykes II

NAME OF PERSON BEING ACKNOWLEDGED

Elizabeth D. Leader  
Notary Public signature

Affix Seal	
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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.

# Congratulations!

You have successfully completed the ServSafe® Training and Certificate Program. This is your official ServSafe Alcohol Certificate Card and provides confirmation that you have studied, and are knowledgeable about, how to serve alcohol responsibly.



[ServSafe.com](http://ServSafe.com).

[ServiceCenter@restaurant.org](mailto:ServiceCenter@restaurant.org)  
800.765.2122, ext. 6703



224 South Wacker Drive  
Suite 2000  
Chicago, IL 60606-3382  
1.877.SERVSAFE  
(312) 735-1010 in the Chicago area  
[ServSafe.com](http://ServSafe.com)

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