



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

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** April 26, 2022

**RE:** LOCAL BACKGROUND- MANAGER  
KWIK SHOP

**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 Robert Burke. No criminal record was located.

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 22 2022

**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

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**Corporation/LLC information**

Name of Corporation/LLC: **KWIK SHOP, INC.**

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**Premise information**

Liquor License Number: **106676** Class Type **D** (if new application leave blank)

Premise Trade Name/DBA: **KWIK SHOP #664**

Premise Street Address: **6910 S 108TH ST**

City: **L AVISTA**

County: **SARPY**

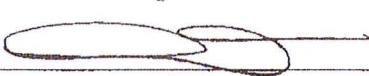
Zip Code: **68046**

Premise Phone Number: **(402) 593-9286**

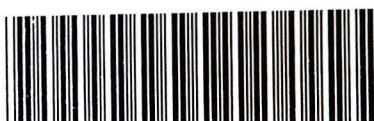
Premise Email address: **00664mgr.kw@stores.kwikshop.com**

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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](#).

A handwritten signature of a corporate officer.

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**  
(Faxed signatures are acceptable)



2200005320

0400

Robert Burke

X 12

**MANAGER APPLICATION**  
**INSERT - FORM 3c**

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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

**MANAGER MUST:**

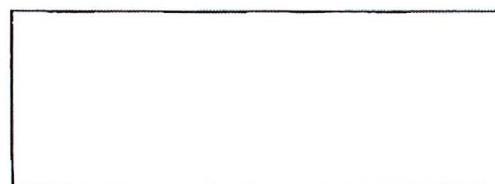
- ✓ Complete all sections of the application. Be sure it is signed by a member or corporate officer.  
corporate officer or member must be an individual on file with the Liquor Control Commission
- ✓ Fingerprints are required. See form 147 for further information, read form carefully to avoid delays 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

*Training on 01/14/2025*  
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



*OK*

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

Last Name: Burke <sup>\*Spouse</sup> First Name: Robert MI: I

Home Address: 3806 So 14th ST

City: Omaha County: Douglas Zip Code: 68107

Home Phone Number: 402 980 5925

Driver's License Number & State: [REDACTED]

Social Security Number: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: MANHATTAN N.Y.

Email address: Robert.Burke@EG-AMERICA.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: Burke First Name: Theresa MI: L

Social Security Number: [REDACTED]

Driver's License Number & State: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: Omaha NE

**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 |
|--------------|-----------|---------|--------------|-----------|---------|
| Omaha NE     | 1984      | Current |              |           |         |
|              |           |         |              |           |         |
|              |           |         |              |           |         |
|              |           |         |              |           |         |
|              |           |         |              |           |         |

**MANAGER'S LAST TWO EMPLOYERS**

| YEAR<br>FROM | YEAR<br>TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE<br>NUMBER |
|--------------|------------|------------------|--------------------|---------------------|
| 2020         | Present    | EG AMERICA       | Josh Kangley       |                     |
| 2019         | 2020       | Rod Lohston      |                    |                     |

**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):  
\_\_\_\_\_  
\_\_\_\_\_

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<br>(mm/yyyy) | Name of program (attach copy of course completion<br>certificate) |
|----------------|-------------------|---|
|                |                   |   |
|                |                   |   |
|                |                   |   |
|                |                   |   |
|                |                   |   |
|                |                   |   |

\*For list of NLCC Certified Training Programs see training

Experience:

| Applicant Name / Job Title | Date of<br>Employment: | Name & Location of Business: |
|----------------------------|------------------------|------------------------------|
|                            |                        |                              |
|                            |                        |                              |
|                            |                        |                              |
|                            |                        |                              |
|                            |                        |                              |
|                            |                        |                              |
|                            |                        |                              |
|                            |                        |                              |

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.

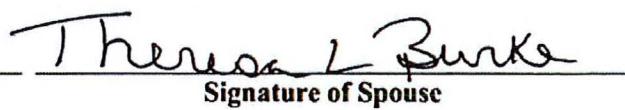
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action 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 of Manager Applicant



Signature of Spouse

### **ACKNOWLEDGEMENT**

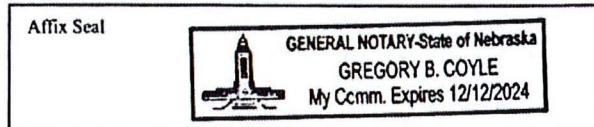
State of Nebraska  
County of Douglas The foregoing instrument was acknowledged before me this

3/9/2022  
date

by Robert T Burke and Theresa L Burke  
NAME OF PERSON BEING ACKNOWLEDGED



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.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
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FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**



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.

Theresa L Burke  
Signature of **NON-PARTICIPATING SPOUSE**

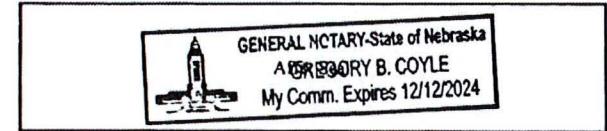
Theresa L Burke  
Print Name

State of Nebraska, County of DOUGLAS

The foregoing instrument was acknowledged before me  
this 3/9/2022 (date)

by Theresa L Burke  
Name of person acknowledged  
(Individual signing document)

  
Notary Public Signature



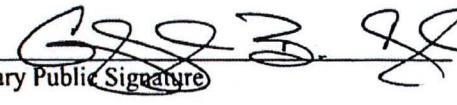
Robert T Burke  
Signature of **APPLICANT**

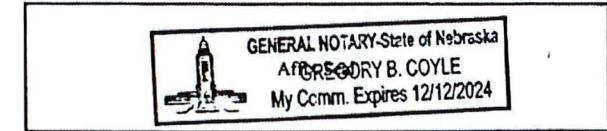
Robert T Burke  
Print Name

State of Nebraska, County of DOUGLAS

The foregoing instrument was acknowledged before me  
this 3/9/2022 (date)

by Robert T Burke  
Name of person acknowledged  
(Individual signing document)

  
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.



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

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)



**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.ns.gov/go/nsp](http://www.ns.gov/go/nsp)

It is recommended to make payment through the **NSP PayPort** online system at [www.nc.gov/go/nsp](http://www.nc.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  
4600 Innovation Drive  
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 Kwik Shop, Inc.

Name of Person Being Fingerprinted: Robert T. Burke

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

Date fingerprints were taken: March 3, 2022

Location where fingerprints were taken: Omaha - Troop A Headquarters

How was payment made to NSP?

NSP PAYPORT  CASH  CHECK SENT TO NSP CK #

My fingerprints are already on file with the

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

Robert T. Bush

**SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED**

FORM 147  
REV JUNE 2021



douglas county  
**ELECTION COMMISSION**

12220 W Center Rd

Omaha, Nebraska 68144

Phone: (402) 444 - VOTE (8683) • Fax (402) 444 - 4181

[www.votedouglascounty.com](http://www.votedouglascounty.com)

Brian W. Kruse, Election Commissioner

STATE OF NEBRASKA      }      SS  
COUNTY OF DOUGLAS      }

I, BRIAN W. KRUSE, Election Commissioner of Douglas County, Nebraska, do certify that Robert Thomas Burke, now residing at 3806 S 14th St, Omaha, Nebraska 68107, registered for voting in this office on 10/06/2011, stating under oath that he was born in New York, NY, and giving his birth date as [REDACTED]

In testimony whereof, I have hereunto set my hand and caused to be affixed hereto, the seal of this office, in the City of Omaha, County of Douglas, State of Nebraska, this 19th day of April, 2022.

BRIAN W. KRUSE  
Election Commissioner of  
Douglas County, Nebraska

By

Deputy



## *Certificate of Achievement*

- for those who serve or sell alcohol in Nebraska

**ROBERT THOMAS BURKE**

*holds a*

State Alcohol certificate

Permit # RB-0150407

Permit Expires: 04-14-2025 Amount Paid: \$



**Responsible Beverage Service Training**  
**N E B R A S K A**



| General   | Credential    | Number     | Earned     | Expires    |
|---|---------------|------------|------------|------------|
| Robert Thomas Burke<br><br>3806 south 14th street<br><br>Omaha NE 68107 | STATE ALCOHOL | RB-0150407 | 04-14-2022 | 04-14-2025 |

# Responsible Hospitality Council

## HOSPITALITY ALCOHOL MANAGEMENT SEMINAR REGISTRATION

A registration form must be submitted for each trainee

Last Name Burke First Name Robert Middle Initial T  
Employer EG - America Job Title District Manager  
Business Address 165 Flanders Rd Your Manager's Name Josh Kangley  
City Westborough State MA Zip Code 01581 Business phone \_\_\_\_\_  
How many years have you been at your present place of employment? 2  
How many years have you been employed in the hospitality industry? 35

Please return your \$75.00 payment with your completed registration form.  
Please mark your choice for training date and send back by the 1st of the month.

Class time 2:00 p.m. – 6:00 p.m.

Due to the Directed Health Measures implemented in Lincoln/Lancaster County in response to the COVID 19 pandemic, this training will be held on-line utilizing ZOOM until further notice. Continue to register as usual and you will be sent a link to the meeting in the email you provide.

Your Email: Robert.Burke@EG-America.com

|                   |                   |
|-------------------|-------------------|
| January 13, 2022  | July 14, 2022     |
| February 10, 2022 | August 11, 2022   |
| March 10, 2022    | September 8, 2022 |
| April 14, 2022    | October 13, 2022  |
| May 12, 2022      | November 10, 2022 |
| June 9, 2022      | December 8, 2022  |

Send payment and form to:

Responsible Hospitality Council  
c/o City Council  
555 S. 10<sup>th</sup> Street  
Lincoln, NE 68508

If you have questions, call 402.441.7638