



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

TO: Pam Buethe, City Clerk
FROM: Acting Chief Captain D. J. Barcal
DATE: June 12, 2023
RE: Local Background Check– Manager, Wal-Mart

The La Vista Police Department has reviewed the Nebraska Liquor Control Commission Documents completed by the applicant and conducted a check of local records relating to the Manager Application for Matthew D. LeFlore. No criminal record was located.

As with all Nebraska Retail Liquor Licenses, I am asking the applicant strictly conform to Nebraska Liquor Commission rules and regulations under Section 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

Office Use

RECEIVED

MAY 24 2023

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

Name of Corporation/LLC: Walmart Inc.

Liquor License Number: 104579 Class Type D (if new application leave blank)

Premise Trade Name/DBA: Walmart# 3173

Premise Street Address: 9460 Giles Road

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-513-4207

Premise Email address: complie@wal-mart.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.

Seth

(Faxed signatures are acceptable)



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Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: LeFlore First Name: Matthew MI: D

Home Address: 1135 S 30TH AVE, APT 5

City: Omaha County: Douglas Zip Code: 68105

Home Phone Number: 402-979-3159

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

Social Security Number: ██████████

Date Of Birth: ██████████ Place Of Birth: San Antonio, TX

Email address: matthew.leFlore1@gmail.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: _____ First Name: _____ MI: _____

Social Security Number: _____

Driver's 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 |

| CITY & STATE | YEAR FROM | YEAR TO | CITY & STATE | YEAR FROM | YEAR TO |
|-----------------------|-------------|-------------|--------------|-----------|---------|
| <u>Sioux City, IA</u> | <u>2011</u> | <u>2018</u> | | | |
| <u>Omaha, NE</u> | <u>2018</u> | <u>-</u> | | | |
| | | | | | |
| | | | | | |

MANAGER'S LAST TWO EMPLOYERS

| YEAR FROM TO | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|-----------------|----------------------|--------------------|---------------------|
| 2018 2020 | Walmart Saddle Creek | Michael Martins | 402-321-8780 |
| 2020 - | Walmart La Vista | Gary Fuller | 620-290-0402 |

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 |
|-------------------|---------------------------------|------------------------------------|-----------------------|-----------------------|
| Matthew LeFlore | 06/2017 | Onawa IA | Speeding ticket | No contest, fine paid |
| | | | | |
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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 (mm/yyyy) | Name of program (attach copy of course completion certificate) |
|-----------------|-------------------|--|
| Matthew LeFlore | 5/12/2023 | Alcohol Sales Training (Walmart) |
| Matthew LeFlore | 5/12/2023 | Age Verification- Restricted items (Walmart) |
| Matthew LeFlore | 5/12/2023 | Personal Shopper-Alcohol Sales (Walmart) |
| | | |
| | | |
| | | |

*For list of NLCC Certified Training Programs see training

Experience:

| Applicant Name / Job Title | Date of Employment: | Name & Location of Business: |
|----------------------------|---------------------|------------------------------|
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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.

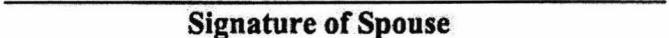
The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action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



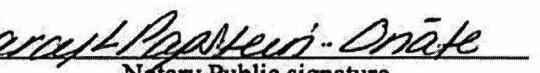
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska

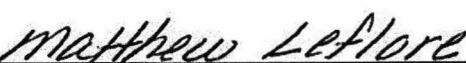
County of Madison

The foregoing instrument was acknowledged before me this

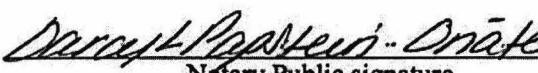

May 12, 2023

date

by



NAME OF PERSON BEING ACKNOWLEDGED


Notary Public signature

Affix Seal

DARCY L. PAPSTEIN-ONATE
General Notary State of Nebraska
My Commission Expires
December 17, 2024.

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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PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
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MAY 15 2023

NEBRASKA LIQUOR
CONTROL COMMISSION

Do not stamp any of the following pages

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
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 Walmart

Name of Person Being Fingerprinted: Matthew David Leflore

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

Date fingerprints were taken: 5/12/2023

Location where fingerprints were taken: Nebraska State Patrol 1401 W Eisenhower
How was payment made to NSP? Are, Norfolk NE

NSP PAYPORT CASH CHECK SENT TO NSP CK # 68701

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

Matthew David Le Flore

SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED