

June 16, 2014

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Twin Peaks, 800 'Q' Street requesting a class C/K liquor license.

Jon Olson has requested that he be approved as the manager of the liquor license.

No areas of concern were found.

The applicant completed the required training May 8<sup>th</sup> 2014.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.



JIM PESCHONG, Chief of Police



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**PREMISE INFORMATION**

Trade Name (doing business as) Twin Peaks

Street Address #1 800 Q Street

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Street Address #2 \_\_\_\_\_

City Lincoln

County Lancaster

Zip Code 68508

Premise Telephone number ~~Not yet assigned~~ (402) 417-8042

Business e-mail address jon.tpn@neb.rr.com

Is this location inside the city/village corporate limits:  YES  NO

Mailing address (where you want to receive mail from the Commission)

Name Jon Olsen

Street Address #1 800 Q Street

Street Address #2 \_\_\_\_\_

City Lincoln

State NE

Zip Code 68508

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

**READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. **No blue prints please.** Be sure to indicate the direction **north** and **number of floors** of the building.

**\*\*For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length ~101 x width ~103 in feet

Is there a basement to be licensed? Yes  No  If yes, length ~73 x width ~16 in feet

Is there an outdoor area? Yes  No  If yes, length ~113 x width 15~ in feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

*See attached.*

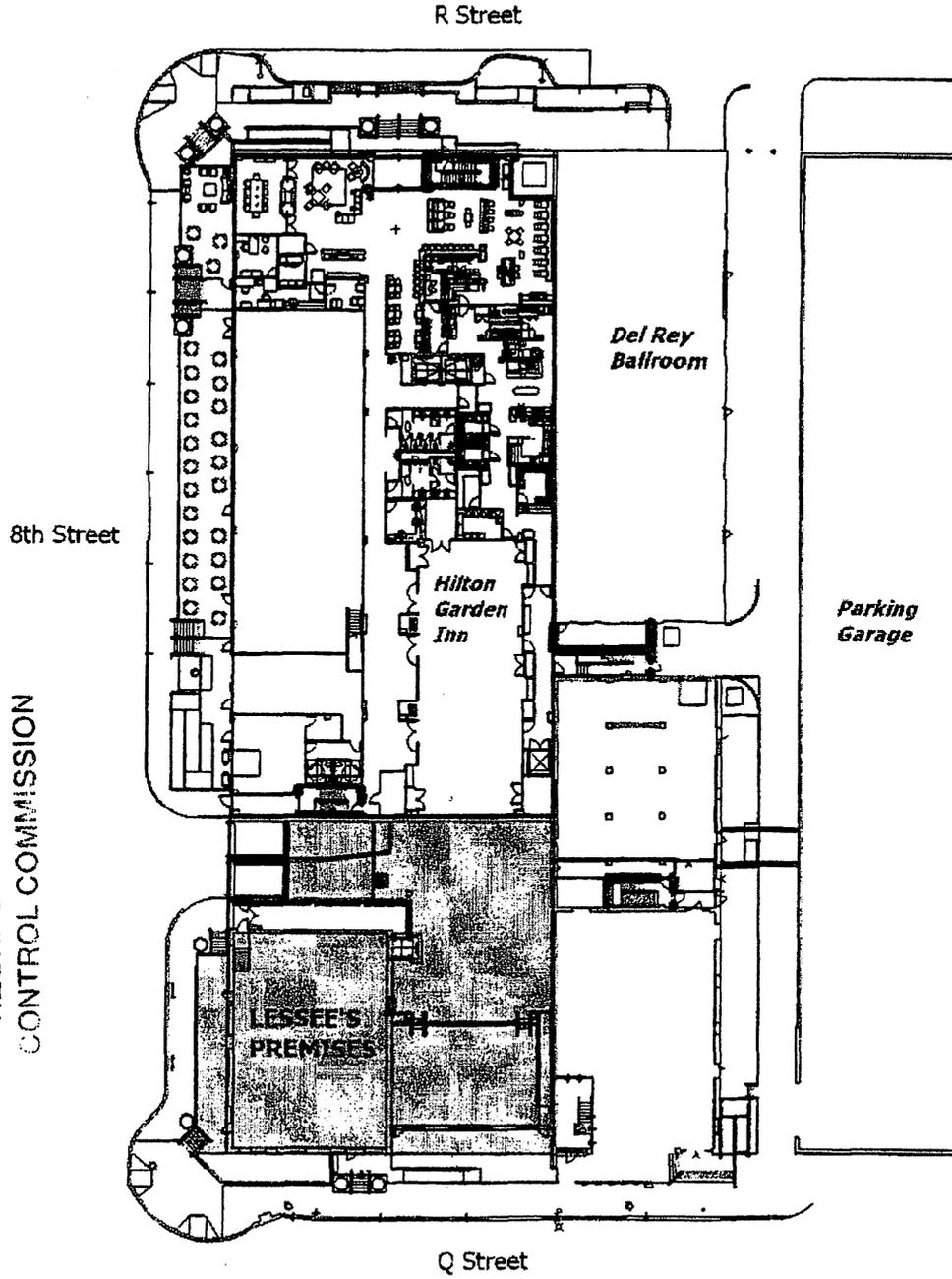
*First floor of building, approx. 100'8<sup>5</sup>/<sub>8</sub>" x 102'5<sup>7</sup>/<sub>8</sub>"  
With basement area, approx. 72'7<sup>3</sup>/<sub>8</sub>" x 16'2<sup>3</sup>/<sub>8</sub>" and  
L-shaped outdoor area, approx. 112'3" x 15'6<sup>3</sup>/<sub>8</sub>"*

EXHIBIT A-1

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APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)

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. Include traffic violations. 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. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

[x] YES [ ] NO
If yes, please explain below or attach a separate page

Table with 5 columns: Name of Applicant, Date of Conviction (mm/yyyy), Where Convicted (city & state), Description of Charge, Disposition. The first row contains 'See attached' in the Name of Applicant column.

2. Are you buying the business of a current retail liquor license?

[ ] YES [x] NO

If yes, give name of business and liquor license number \_\_\_\_\_

- a) Submit a copy of the sales agreement
b) Include a list of alcohol being purchased, list the name brand, container size and how many
c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

[ ] YES [x] NO

If yes, give name and license number \_\_\_\_\_

4. Are you filing a temporary operating permit to operate during the application process?

[ ] YES [x] NO

If yes:

- a) Attach temporary operating permit (TOP) (form 125)
b) TOP will only be accepted at a location that currently holds a valid liquor license.

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

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](http://www.lcc.ne.gov)

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CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Tim O'Neill

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

TP Lincoln, LLC

LLC Address: 5463 N.W. 4th Street

City: Lincoln State: NE Zip Code: 68521

LLC Phone Number: (402) 525-4586 LLC Fax Number \_\_\_\_\_

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Olsen First Name: Jon MI: G

Home Address: 5463 N.W. 4th Street City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: (402) 525-4586

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska  
County of Lancaster

The foregoing instrument was acknowledged before me this

May 7, 2014

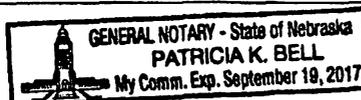
Date

by Jon Olsen

name of person acknowledge

Patricia K. Bell

Affix Seal



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: TPN Enterprises, LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: RECEIVED

Spouse Full Name (indicate N/A if single): \_\_\_\_\_ MAY 15 2014

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: NEBRASKA LIQUOR

Percentage of member ownership 100% of Class B Units; 22.99% of Class A Units CONTROL COMMISSION

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Last Name: Morrow First Name: Jeffrey MI: K

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 34.48% of Class A Units; 17.24% of Licensee

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Last Name: Feliz First Name: Antonio MI: P

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Jill Ranee Feliz

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 5.75% of Class A Units; 2.88% of Licensee

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Last Name: Volzke First Name: Aloyce MI: D

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 11.49% of Class A Units; 5.75% of Licensee

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Volzke First Name: Leora MI: \_\_\_\_\_

Social Security Numt ... \_\_\_\_\_ Date of Birth \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Deroyce G. Volzke

Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Percentage of member ownership 5.75% of Class A Units; 2.88% of Licensee

Last Name: Schulz First Name: Brian MI: S

Social Security Numbe \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Lyndsy Jo Schulz

Spouse Social Security Numb \_\_\_\_\_ Date of Birth... \_\_\_\_\_

Percentage of member ownership 5.75% of Class A Units; 2.88% of Licensee

Last Name: Olsen First Name: Carol MI: M

Social Security Number. \_\_\_\_\_ Date of Bir... \_\_\_\_\_

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 2.3% of Class A Units; 1.15% of Licensee

Last Name: Erickson First Name: David L. and Susan E. MI: \_\_\_\_\_

Social Security Number: as Joint Tenants with Rights of Survivorship Date of Birth... \_\_\_\_\_

Spouse Full Name (indicate N/A if single): SSNs =

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 5.75% of Class A Units; 2.88% of Licensee

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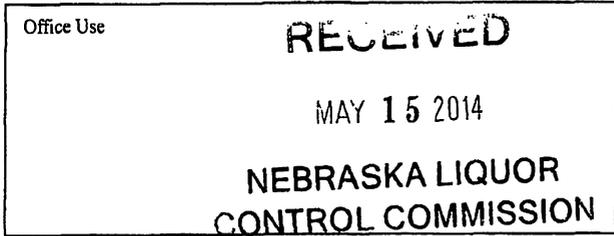
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NEBRASKA LIQUOR  
CONTROL COMMISSION

FORM 102  
REV 12/2010  
Page 3 of 4

**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

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](http://www.lcc.ne.gov)



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: \_\_\_\_\_

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
**TPN Enterprises, LLC**

LLC Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

LLC Phone Number: \_\_\_\_\_ LLC Fax Number \_\_\_\_\_

Name of Managing/Contact Member  
Name and information of contact member must be listed on following page

Last Name: **Olsen** First Name: **Jon** MI: **G**

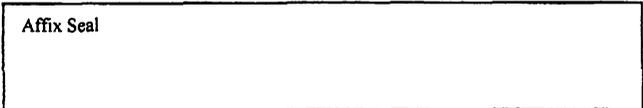
Home Address: **5463 NW 4th Street** City: **Lincoln**

State: **NE** Zip Code: **68521** Home Phone Number: **(402) 438-7332**

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_  
by \_\_\_\_\_  
Date name of person acknowledge



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Olsen First Name: Jon MI: G

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 40%

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Last Name: Schaefer First Name: Chad MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 40%

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Last Name: Volzke First Name: Jeff MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 20%

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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

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**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. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: TP Lincoln, LLC

**Premise information**

Liquor License Number: \_\_\_\_\_ Class Type CK  
(if new application leave blank)

Premise Trade Name/DBA: Twin Peaks

Premise Street Address: 800 Q Street

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: Not yet assigned

Email address: jon.tpn@neb.rr.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. Click on this link to see authorized individuals. [http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

  
**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Olsen First Name: Jon MI: G

Home Address (include PO Box if applicable): 5463 NW 4th Street

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: (402) 438-7332 Business Phone Number: (402) 525-4586

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Fargo, ND

Email address: jon.tpn@neb.rr.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: Olsen First Name: Joy MI: L

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: 12/21/70 Place Of Birth: Seward, 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
Lincoln, NE	2004	2014	Lincoln, NE	2004	2014

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NEBRASKA LIQUOR  
CONTROL COMMISSION

Form 103  
Rev 9/2013  
Page 3 of 6

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1999	Present	Olsson Associates	Tom Leikam	(402) 458-5619
1993	1999	Missouri Dept. of Transp.	Tony McGaughy	(816) 387-2350

**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.

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YES       NO

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If yes, please explain below or attach a separate page.

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Jon Olsen	07/2012	Sioux City, IA	Speeding	Ticket
Jon Olsen	Summer 1993	Eau Claire, WI	Speeding	Ticket
Jon Olsen	Approx. Summer 1987	Champaign, IL	Failure to yield from a private drive	Ticket
Jon Olsen	Spring 1984	Kewanee, IL	Accident	Cannot remember exact violation - rear-ended car

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

CERTIFICATION OF VITAL RECORD

North Dakota Department of Health  
Bismarck, North Dakota  
*Certification of Birth*

THIS IS TO CERTIFY THAT THERE IS ON RECORD IN THE DIVISION OF VITAL RECORDS, NORTH DAKOTA DEPARTMENT OF HEALTH, BISMARCK ND, THE FOLLOWING ENTRY OF BIRTH:

NAME: JON GARY OLSEN  
BIRTH PLACE: FARGO, NORTH DAKOTA  
DATE OF BIRTH: \_\_\_\_\_  
SEX: MALE  
FATHER'S NAME: GARY OLSEN  
MOTHER'S MAIDEN NAME: SANDRA KRUEGER  
FILING DATE: \_\_\_\_\_  
CERTIFICATE NUMBER: \_\_\_\_\_  
DATE ISSUED: SEPTEMBER 11, 2007

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NEBRASKA LIQUOR  
CONTROL COMMISSION

*Darin J. Meschke*

Darin J. Meschke  
State Registrar of Vital Statistics

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This certificate is issued in compliance with the laws of the State of North Dakota  
(NOT VALID without raised impression seal of the North Dakota Department of Health)

