



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

January 25, 2011

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 Dawghouse Bar & Grill, 2050 Cornhusker Highway requesting a class C liquor license.

This request is due to ownership change. This location had a previous liquor license.

Amy Shaffer, owner has requested that she be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Amy Shaffer was born in Lincoln, Nebraska. She attended Kansas State University graduating in 2003.

Amy Shaffer employment history is as follows:

2009 - Present Bartender, Red Fox Lincoln, NE.

The applicant will complete the required training.

Stockholder information has been included for your review.

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.

THOMAS K. CASADY, Chief of Police

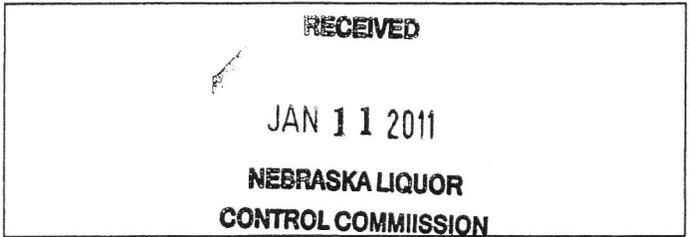


A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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/



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S)

Application Fee \$400 (non refundable)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name _____ Phone number: _____

Firm Name _____

402-314-0497-cell
Amy Shaffer

PREMISE INFORMATION

Trade Name (doing business as) Danwhouse Bar & Grill

Street Address #1 2050 Cornhusker Hwy Lincoln NE 68521

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68521

Premise Telephone number (402) 442-742-2111

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

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

Name same

Street Address #1 _____

Street Address #2 _____

City _____ State _____ Zip Code _____

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DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

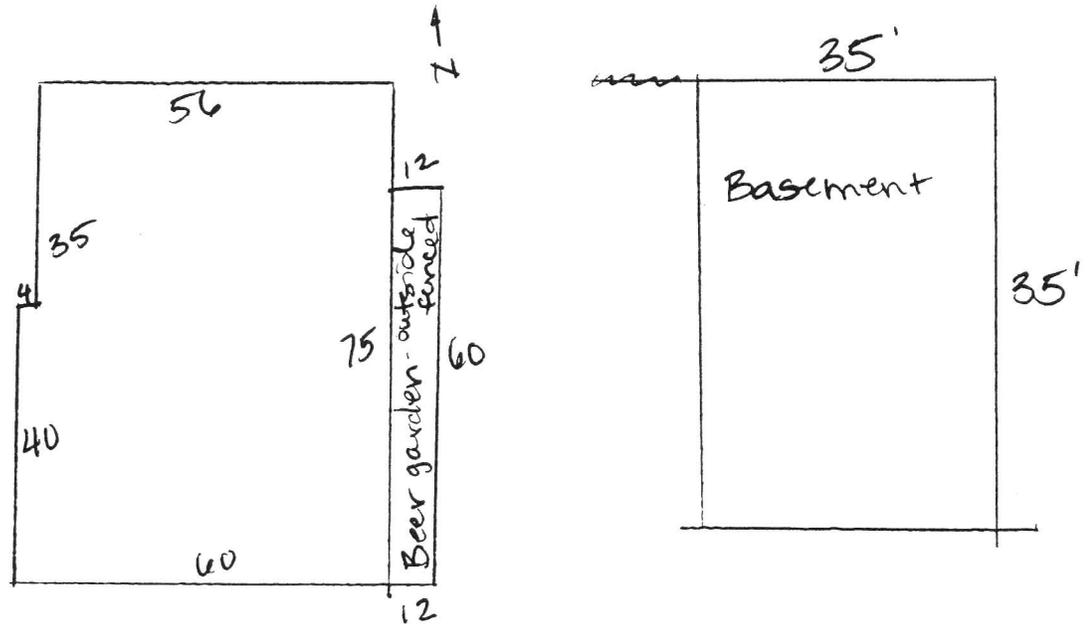
READ CAREFULLY

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

Length 60 feet approx.
Width 70 feet

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



one story building approx 60' x 75' including basement area & beer garden 12x60.

APPLICANT INFORMATION

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1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

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.

YES **JEFF** NO

NEBRASKA LIQUOR CONTROL COMMISSION

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
JEFFREY J. FREDRICK	11/08	LINCOLN NE	OUI	Guilty
"	12/08	Lincoln, Platte	OUI	Guilty
"	12/08	Platte	False Reporting	Guilty

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

YES 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 NO

If yes, give name and license number _____

Dawghouse Bar 83547

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

YES NO

If yes:

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

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES NO

If yes, explain. (All involved persons must be disclosed on application)

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CONTROL COMMISSION

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such item(s) and the owner.

8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

City Bank & Trust Co. Amy Shaffer

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

none per phone call on 1-14-11

w/ Amy

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12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Amy Shaffer	June 2009	Food Handlers Level 2 Lincoln, NE
	6-09 to present	Red Fox Steakhouse
		PT -> Approx 15 hrs a week

bartender & waitress

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- Lease: expiration date 1-10-2015
- Deed
- Purchase Agreement

14. When do you intend to open for business? asap

15. What will be the main nature of business? liquor & food sales

16. What are the anticipated hours of operation? 4pm-2am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
Amy Shaffer	1342 Pelican Pt	Jan 2010	present		
Amy Shaffer	900 W. Custer	Sept 97	Jan 10		
JEFF FREDRICK	1342 Pelican Pt	AUG 08	Present		
JEFF FREDRICK	14700 Country Ln	June 99	AUG 08		

If necessary attach a separate sheet.

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The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records; and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business for a partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. 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.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

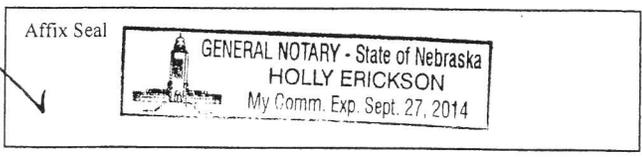
Signature of Applicant: Amy Shaffer
Signature of Applicant: Jeffrey Frederick
Signature of Applicant: _____
Signature of Applicant: _____
Signature of Applicant: _____

Signature of Spouse: _____
Signature of Spouse: _____
Signature of Spouse: _____
Signature of Spouse: _____
Signature of Spouse: _____

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER
11th day of January, 2011 date
Holly Erickson
Notary Public signature

The foregoing instrument was acknowledged before me this
by JEFFREY J. FREDERICK + AMY S. SHAFFER
name of person acknowledged



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.

**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

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Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

*voter reg ✓
BC ✓*

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: JASF Inc.

Premise information

Premise License Number: _____
(if new application leave blank)

✓ Premise Trade Name/DBA: Dawg House Bar & Grill

Premise Street Address: 2050 Cornhusker Hwy

City: Lincoln State: NE Zip Code: 68521

Premise Phone Number: (402) 742-2111

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

✓ *Amy Shaffer*
CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Shaffer First Name: Amy MI: S

Home Address (include PO Box if applicable): 1342 Pelican Bay Pl

City: Lincoln State: NE Zip Code: 68528

Home Phone Number: (402) 314-0497 Business Phone Number: (402) 742-2111

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

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YES

NO

Spouse's information

Spouses Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE	Sept '97	present			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
June '09	current	Red Fox Steakhouse	Don Arena	
Jan. '08	July '08	Belt Collins	Aaron Aaron	

Down Eastside

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.**

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.**

YES

NO

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

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NEBRASKA LIQUOR
CONTROL COMMISSION

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES

NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01) *Bar-tender - Red Fox*

YES

NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES

NO

5. List the training and/or experience (when and where)

Date:	Where:
<i>June 09 - present</i>	<i>Red Fox Steakhouse</i>

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.

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.

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Amy Shaffer
Signature of Manager Applicant

Signature of Spouse

State of Nebraska

County of Lincoln

County of _____

The foregoing instrument was acknowledged before me this 11th day of January 2011

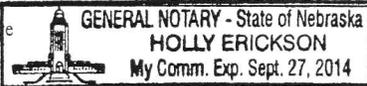
The foregoing instrument was acknowledged before me this _____ by _____

Amy S. Shaffer

Holly Erickson
Notary Public signature

Notary Public signature

Affix Seal Here



Affix Seal Here

In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

TYPE OR PRINT IN
PERMANENT INK
SEE INSTRUCTION
MANUAL

TRIPPLICATE - to be
given to this child's parent.

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

126-

CHILD	1. CHILD - NAME FIRST MIDDLE LAST Amy Sus Shaffer			2. SEX Female	3a. DATE OF BIRTH (Month, Day, Year)		3b. HOUR 11
	4a. HOSPITAL - NAME (If not in hospital, give street and number) St. Elizabeth Comm. Health Ctr.			4b. INSIDE CITY LIMITS (Specify Yes or No) Yes	4c. CITY, TOWN, OR LOCATION OF BIRTH Lincoln, Nebraska		4d. COUNTY OF BIRTH Lancaster
CERTIFIER	5a. I certify that the stated information concerning this child is true to the best of my knowledge and belief. (Signature) <i>[Signature]</i>			5b. DATE SIGNED (Month, Day, Year) 07/30/85		5c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
	6a. CERTIFIER - NAME AND TITLE (Type or print) D.E. Burge, M.D.			6b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE) 17th & "N" Lincoln, Nebraska 68508			
MOTHER	7a. REGISTRAR - SIGNATURE			7b. RECEIVED MONTH DAY			
	8a. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Sharon Kay Doerman			8b. AGE (At time of this birth) 30	7b. CITY AND STATE OF BIRTH (If not in U.S.A., N Country) West Point, Nebraska		
	8a. RESIDENCE - STATE Nebraska	8a. COUNTY Lancaster	8c. CITY, TOWN, OR LOCATION, (Include zip code) Lincoln, 68521		8b. INSIDE CITY LIMITS (Specify Yes or No) Yes	8c. STREET AND NUMBER 306 Gaslight Ln.	
	9a. MOTHER'S MAILING ADDRESS - Enter if not same as residence			9d. 306 Gaslight Ln.			
FATHER	10. FATHER - NAME FIRST MIDDLE LAST Arthur Glenn Shaffer			11b. AGE (At time of this birth) 34	11c. CITY AND STATE OF BIRTH (If not in U.S.A., No Country) Council Bluffs, Iowa		
	11a. I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. (Signature of Parent or other Informant)			12b. RELATION TO CHILD			

Rev. 1/83
BVS-1
020-17-008

Warning: It is a felony to knowingly give false information for vital records.

[Handwritten initials]

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

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

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Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders 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 Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Amy Shaffer per phone call on 1-14-11

Name of Corporation that will hold license as listed on the Articles

JASF, Inc.

Corporation Address: 1342 Pelican Bay PL

City: Lincoln State: NE Zip Code: 68528

Corporation Phone Number: (402) 314-0497 Fax Number: (402) 742-2111

Total Number of Corporation Shares Issued: 100

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Shaffer First Name: Amy MI: S

Home Address: 1342 Pelican Bay PL City: Lincoln

State: NE Zip Code: 68528 Home Phone Number: (402) 314-0497

Amy Shaffer
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER

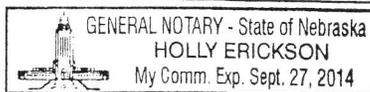
11th day of January, 2011
Date

The foregoing instrument was acknowledged before me this

by Amy J. Shaffer
name of person acknowledge

Holly Erickson
NOTARY

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Shaffer First Name: Amy MI: 3
Social Security Number: _____ Date of Birth: _____
Title: President Number of Shares 90
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: N/A Date of Birth: N/A

*Signed
BC
voter*

Last Name: Fredrick First Name: Jeff MI: J
Social Security Number: _____ Date of Birth: _____
Title: Vice President Number of Shares 10
Spouse Full Name (indicate N/A if single): N/A
Spouse Social Security Number: N/A Date of Birth: N/A

*Signed
voter*

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: JAN 11 2011
Title: _____ Number of Shares NEBRASKA LIQUOR CONTROL COMMISSION
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

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Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Title: _____ Number of Shares _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____

Is the applying corporation controlled by another corporation/company?

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YES NO

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NEBRASKA LIQUOR
CONTROL COMMISSION

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: JANUARY 2011 Ending Date: DECEMBER 2011

Is this a Non-Profit Corporation?

YES NO

If yes, provide the Federal ID # _____

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.