



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 29, 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 Pepper Jax, 2801 Pine Lake Road Suite S requesting a class A liquor license.

Erin Duensing has requested that she be approved as the manager of the liquor license. Ms. Duensing is a currently approved liquor license manager for two Omaha locations.

Background information on the applicant is as follows:

Erin Duensing was born in Marysville, Kansas. She obtained her GED in 2003.

Erin Duensing employment history is as follows:

2005 - Present	Pepper Jax Grill	Omaha, NE.
2004 - 2005	GM Insurance, Data Entry	Omaha, NE.

Erin Duensing has been provided information on 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.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) Pepper Tax Grill
Street Address #1 2801 Pine Lake Road Suite 5
Street Address #2 -
City Lincoln County NE Lancaster Zip Code 68512
Premise Telephone number 402-905-2702

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

Mailing address (where you want to receive mail from the Commission)
Name Pepper Tax Development
Street Address #1 13207 "F" St
Street Address #2 -
City Omaha State NE Zip Code 68137

**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

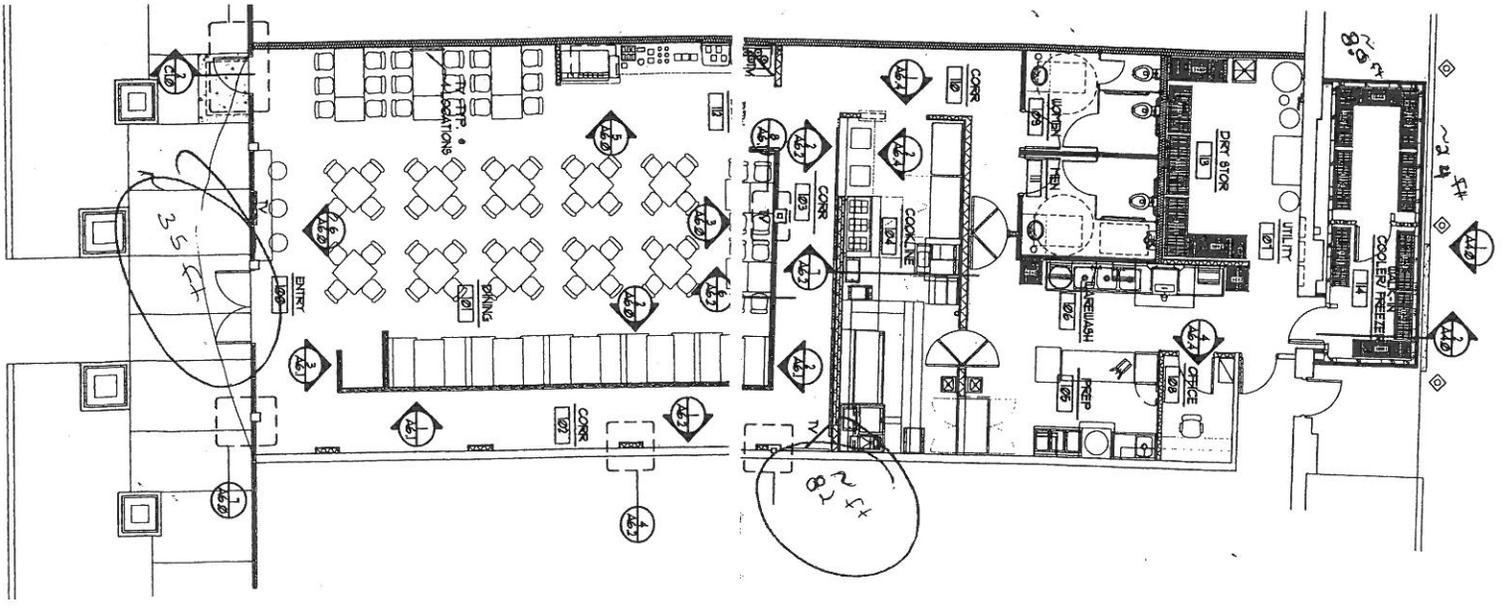
Length 82 feet at
Width 35 feet the largest point

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

see diagram

One story bldg approx 82' x 35' per phone Linda
9/21/11

PLAN OF THE BUILDING



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

Office Use	RECEIVED
	SEP 19 2011
	NEBRASKA LIQUOR CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 – 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Lincoln South LLC

Premise information

Premise License Number: _____
(if new application leave blank)
Premise Trade Name/DBA: dba Pepper Jack Grill
Premise Street Address: 2801 Pine Lake Road Suite 5
City: Lincoln State: NE Zip Code: 68512
402-905-2702
Premise Phone Number: _____

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below



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

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

SEP 19 2011

Gender: MALE FEMALE

NEBRASKA LICUOR CONTROL COMMISSION

Last Name: Duenzing First Name: Erin MI: D

Home Address (include PO Box if applicable): 11835 Cass Plaza Apt 8

City: Omaha County: Douglas Zip Code: 68154

Home Phone Number: cell 402-301-9184 Business Phone Number: 402-905-2702

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

Date Of Birth: _____ Place Of Birth: Marysville, KS

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

YES NO

No Spouse

Spouse's information

Spouses Last Name: N/A First Name: _____ MI: _____

Social Security Number: _____ Drivers 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
<u>Omaha NE</u>	<u>1989</u>	<u>2011</u>	<u>NA</u>		
<u>NA</u>			<u>NA</u>		
<u>NA</u>			<u>NA</u>		

JAN 22 1985
3271

(Do Not Write In This Box)
115

KANSAS STATE DEPARTMENT OF HEALTH AND ENVIRONMENT
VITAL STATISTICS
CERTIFICATE OF LIVE BIRTH

LOCAL FILE NUMBER

CHILD-NAME		BIRTH NUMBER	
FIRST	MIDDLE	SEX	DATE OF BIRTH (Mo., Day, Yr.)
Erin	Danielle	Female	4:17A
HOSPITAL-NAME (If not in hospital, give street and number)		CITY, TOWN OR LOCATION OF BIRTH	HOUR
Community Memorial Hospital, Inc.		Marysville	4:17A
I certify that the stated information concerning the child is true to the best of my knowledge and belief.			
DATE SIGNED (Mo., Day, Yr.)		COUNTY OF BIRTH	
4 JAN 85		Marshall	
CERTIFIER-NAME AND TITLE (Type or Print)			
Donald A. Argo, M.D.			
REGISTRAR			
DATE RECEIVED BY REGISTRAR (Month, Day, Year)			
JAN 18, 1985			
MOTHER-MAIDEN NAME		STATE OF BIRTH (If not in U.S.A., name country)	
FIRST	MIDDLE	7c	
Shari	Kay	Kansas	
RESIDENCE-STATE		STREET AND NUMBER OF RESIDENCE	
Kansas	County	504 North 10th	
MOTHER'S MAILING ADDRESS--If same as above, enter Zip Code Only		INSIDE CITY LIMITS (Specify Yes or No)	
66508		Yes	
FATHER-NAME		STATE OF BIRTH (If not in U.S.A., name country)	
FIRST	MIDDLE	10c	
Kent	Melvin	Kansas	
PARENTS VERIFICATION: I certify that the persons information provided on this certificate is correct to the best of my knowledge and belief.			
SIGNATURE OF FATHER		DATE SIGNED:	
Shari K Duensing		11b Dec 31, 1984	

**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

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NEBRASKA LIQUOR
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) on file
- ✓ 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: Keith Green

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

Lincoln South, LLC # 10135379

LLC Address: 2801 Pine Lake Road Suite S

City: Lincoln State: NE Zip Code: 68512

LLC Phone Number: 402-905-2702 LLC Fax Number: 402-905-2708

Name of Managing/Contact Member

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

Last Name: Rohwer First Name: Linda MI: K

Home Address: 12606 Burt St City: Omaha

State: NE Zip Code: 68154 Home Phone Number: 402-445-8992

Linda Rohwer

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska Douglas

County of

9/15/2011

Date

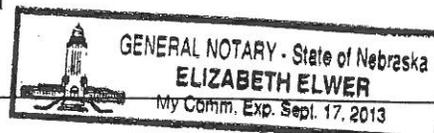
Elizabeth Elwer

The foregoing instrument was acknowledged before me this

by Linda Rohwer

name of person acknowledge

Affix Seal



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

President

Last Name: Rohwer First Name: Gary MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Rohwer, Linda K McCrory Ross

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 60%

Last Name: Rohwer First Name: Linda MI: K

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Rohwer, Gary Lee

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 40%

Last Name: N/A 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 _____

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CONTROL COMMISSION

Last Name: N/A 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 _____