

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

April 12, 2012

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 Pine Lake Golf & Tennis, 6601 South 84th Street requesting a class I liquor license.

Jason Meininger has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

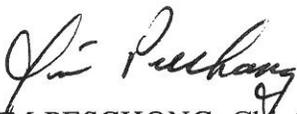
Jason Meininger was born in Hastings, Nebraska. He attended the University of Nebraska graduating in 1992.

Jason Meininger employment history is as follows:

Present	Manager, Pine Lake Golf & Tennis	Lincoln, NE.
2004 - 2012	Manager, Hidden Valley Golf	Lincoln, NE.
2001 - 2004	Manager, Wilderness Ridge Golf	Lincoln, NE.

Mr. Meininger has been informed about the required training.

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





LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "****END OF LISTING****" does not appear at the bottom of this report, then this list is not complete.

FOR: JASON L MEININGER , Male, DOB: [redacted]
Date of listing: 04-09-2012

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 07-01-1990	for (M)DID ENGAGE IN DISORDERLY CONDUCT	Case
Disposed 07-18-1990	as (M)DISTURB THE PEACE AND QUIET OF OTHERS	Cit#
FOUND GUILTY Fined \$100.00		
Cited on 12-02-1988	for (M)THEFT BY SHOPLIFTING	Ca:
Disposed 12-22-1988	as (M)STEAL MONEY OR GOODS LESS THAN \$300	Cit#
FOUND GUILTY Fined \$25.00		

*** END OF LISTING ***

PREMISE INFORMATION

Trade Name (doing business as) PINE LAKE GOLF & TENNIS CLUB

Street Address #1 6601 S. 84th STREET

Street Address #2 _____

City LINCOLN County LANCASTER Zip Code 68576

Premise Telephone number 402-488-7105

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

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

Name JASON WEININGER

Street Address #1 4228 DUXHALL DRIVE

Street Address #2 _____

City LINCOLN State NEBRASKA Zip Code 68576

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NEBRASKA LIQUOR
CONTROL COMMISSION

**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 84 feet
Width 42 feet - CLUBHOUSE SINGLE FLOOR

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

Entire 19 acre golf course including maintenance bldg and clubhouse approx 84' x 42'



Google earth

feet
meters



500



Highlighted Area is lowest

Handwritten notes and scribbles, including the number '6100'.

APPLICANT INFORMATION

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 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
JASON M. MENINGOL	MAY 1995	PHOENIX, AZ	DWI	

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NEBRASKA LIQUOR CONTROL COMMISSION

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 _____

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.

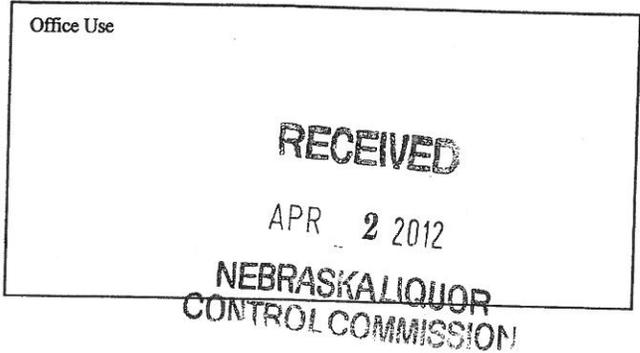
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) PINE LAKE HOMEOWNERS ASSOCIATION

**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



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 fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: JLM ENTERPRISES LLC

Premise information

Premise License Number: _____

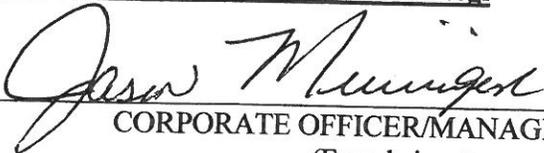
Premise Trade Name/DBA: (if new application leave blank)
PINE LAKE GOLF + TENNIS

Premise Street Address: 6601 S. 84th STREET

City: LINCOLN State: NE Zip Code: 68576

Premise Phone Number: 402-488-7105

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



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

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: MEININGER First Name: JASON MI: L

Home Address (include PO Box if applicable): 4228 DUXHALL DRIVE

City: LINCOLN County: LANCASTER Zip Code: 68516

Home Phone Number: 402-420-7699 Business Phone Number: 402-488-7105

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

Date Of Birth: _____ Place Of Birth: HASTINGS, NEBRASKA

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

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YES NO

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Spouse's information

NEBRASKA LIQUOR CONTROL COMMISSION Affidavit

Spouses Last Name: MEININGER First Name: KATHARINE MI: E

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

Date Of Birth: _____ Place Of Birth: KEARNEY, NEBRASKA

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>LINCOLN, NE</u>	<u>2001</u>	<u>2012</u>	<u>LINCOLN, NE</u>	<u>2001</u>	<u>2012</u>

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WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA STATE DEPARTMENT OF HEALTH, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF AN ORIGINAL RECORD ON FILE WITH THE STATE DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

NEBRASKA ALIQUOR CONTROL COMMISSION

Stanley S. Cooper

STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
NEBRASKA DEPARTMENT OF HEALTH

DATE OF ISSUANCE
MAY 14 1996
LINCOLN, NEBRASKA

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

126-
M-552

68

CHILD - NAME			DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER
1. FIRST	MIDDLE	LAST	20.		70
JASON	LEE	MEININGER	126- M-552		68
2. SEX	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC.		IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)		71. HOUR
3. Male	4a. Single		4b.		71. 1:43A M.
5a. CITY, TOWN, OR LOCATION OF BIRTH			5b. HOSPITAL - NAME		5c. COUNTY OF BIRTH
5b. Hastings			5d. Mary Lanning Memorial Hospital		5c. Adams
6a. MOTHER - MAIDEN NAME			6b. AGE (AT TIME OF THIS BIRTH)		6c. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)
6a. Shirley Nadine Reichstein			6b. 34		6c. Nebraska
7a. RESIDENCE - STATE		7b. COUNTY		7c. CITY, TOWN, OR LOCATION	
7a. Nebraska		7b. Adams		7c. Hastings 68901	
8a. FATHER - NAME			8b. AGE (AT TIME OF THIS BIRTH)		8c. STREET AND NUMBER
8a. Donald Lee Meininger			8b. 34		8c. 1003 Jefferson
9a. INFORMANT - NAME OR SIGNATURE			9b. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		9c. RELATION TO CHILD
9a. Shirley N. Meininger			9b. Nebraska		9c. Mother
10a. SIGNATURE OF CERTIFIER - NAME			10b. DATE SIGNED		10c. ATTENDANT - M.D., D.O., OTHER (SPECIFY)
<i>R.L. Mastin</i>			10b. 27 May 68		10c. MD
10d. REGISTRAR - SIGNATURE			10e. MAILING ADDRESS		
<i>Edward L. Vier</i>			10e. 1021 West 14th Hastings, Nebraska 68901		
11a.			11b. DATE RECEIVED BY LOCAL REGISTRAR		11c. MONTH
			11b. MAR 29 1988		11c. MAR 29 1988

**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

Office Use

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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)
- 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: JASON MEININGER DC

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

LLC Address: 4228 DUXHALL DRIVE

City: LINCOLN State: NE Zip Code: 68514

LLC Phone Number: 402-420-7699 LLC Fax Number _____

Name of Managing/Contact Member

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

Last Name: MEININGER First Name: JASON MI: L

Home Address: 4228 DUXHALL DRIVE City: LINCOLN

State: NE Zip Code: 68514 Home Phone Number: 402-420-7699

Jason Meininger
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

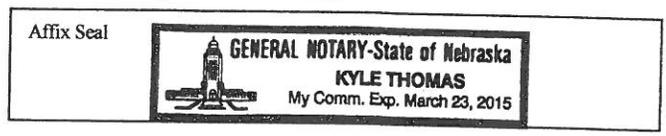
State of Nebraska
County of Lancaster

Date: March 29, 2012

The foregoing instrument was acknowledged before me this

by Jason Meininger
name of person acknowledge

[Signature] Notary Public



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

Last Name: MEININGER First Name: JASON MI: L

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): KATHARINE MEININGER *Affidavit*

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

Last Name: _____ First Name: _____ MI: **RECEIVED**

Social Security Number: _____ Date of Birth: _____ **APR 2 2012**

Spouse Full Name (indicate N/A if single): _____ **NEBRASKA LIQUOR CONTROL COMMISSION**

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

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 _____

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 _____
