



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

June 28, 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 The Underground, 3233 ½ South 13th Street requesting a class C liquor license.

This location was previously known as Speakeasy which held a class C liquor license

Kurt Kontor, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Kurt Kontor was born in Grand Island, Nebraska. He attended Wilber High School graduating in 1981.

Mr. Kontor has been self-employed since 1996.

The required training will be completed.

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) The Underground

Street Address #1 3233 1/2 So. 13th

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68502

Premise Telephone number Will assign later Call (402) 803-0330

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

NO RECEIVED

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

Name ~~834~~ Kurt Kontor

JUN 15 2012

Street Address #1 8342 Ryley Lane

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #2 _____

City Lincoln State NE Zip Code 68512

**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

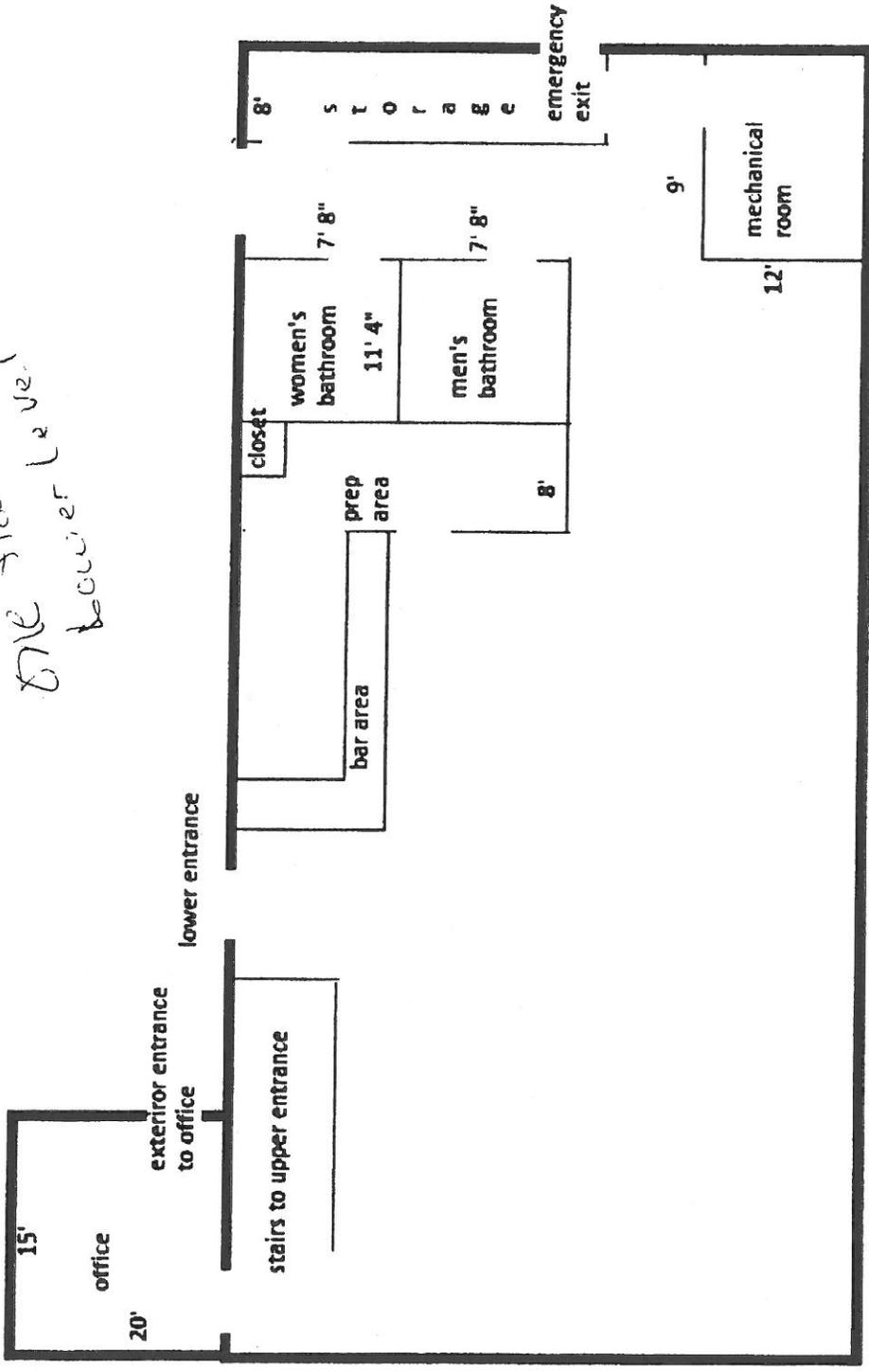
Length 80 feet
Width 40 feet Plus office to the SE 20' x 15'

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

See attached sketch

BAR FLOORPLAN
3233 1/2 SO. 13th
LINCOLN, NE

ONE SIDE LOWER LEVEL



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NEBRASKA LIQUOR
CONTROL COMMISSION

N ↓

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
Traffic Tickets		- Both		

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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 Speakeasy

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) _____

**APPLICATION FOR LIQUOR LICENSE
PARTNERSHIP
INSERT - FORM 2**

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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Partner(s), including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) At least one (1) partner must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must sign the signature page of the Application for License form
- 6) Primary Partner may be required to take a training course

Name of Primary Partner (Please note if your partnership is a husband/wife combination then opposite spouse will need to complete the additional partner section on the next page)

①

Last Name: Kontor FP

First Name: Kurt MI: T

Home Address: 8342 Ryley LN City: LINCOLN Zip Code: 68512

Social Security Number: _____ Date of Birth: _____

Home Telephone Number: 402-805-0330

Drivers License Number: _____ State: NE

Are you married? (Please note if the above listed individual is separated, etc. spouse's information is still required to be listed below)

② YES NO

If yes, provide your spouse's information below

Spouses Last Name: Kontor FP

Spouses First Name: Kristine MI: L

Social Security Number: _____ Date of Birth: _____

Drivers License Number: _____ State: NE

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

DATE OF ISSUANCE

8/18/2010

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

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 CONTROL COMMISSION

STATE OF NEBRASKA—DEPARTMENT OF HEALTH

Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH

126-
 M-216

68

BIRTH NUMBER

CHILD—NAME FIRST MIDDLE LAST 1. Kristine Lynn Mc Farland			DATE OF BIRTH (MONTH, DAY, YEAR) 2. 12/23/68	HOUR 3. 7:01	M. 4. M.
SEX 5. Female	THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) 6. Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 7. 1	COUNTY OF BIRTH 8. Saline		
CITY, TOWN, OR LOCATION OF BIRTH 9. Crete, Nebraska		INSIDE CITY LIMITS (SPECIFY YES OR NO) 10. Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 11. Crete Municipal Hospital		
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 12. Sandra Kaye Stutzman			AGE (AT TIME OF THIS BIRTH) 13. 25	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 14. Nebraska	
RESIDENCE—STATE 15. Nebraska	COUNTY 16. Saline	CITY, TOWN, OR LOCATION 17. Crete, 68333	INSIDE CITY LIMITS (SPECIFY YES OR NO) 18. Yes	STREET AND NUMBER 19. 839 Roswell	
FATHER—NAME FIRST MIDDLE LAST 20. Gary Lee Mc Farland			AGE (AT TIME OF THIS BIRTH) 21. 28	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 22. Nebraska	
INFORMANT—NAME OR SIGNATURE 23. Mrs. Gary Mc Farland			RELATION TO CHILD 24. Mother		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH/DAY, YEAR) 25. 1/23/69	ATTENDANT—M.D., D.O., OTHER (SPECIFY) 26. M.D.	
SIGNATURE CERTIFIER—NAME (TYPE OR PRINT) 27. Dr. M. W. Hineman			MAILING ADDRESS 28. Crete, Nebr. 68333	DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR 29. Jan. 24-1968	
REGISTRAR—SIGNATURE 30. Louis Husy - Saline County Registrar			31. Miller, Nebraska		

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LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND
 HUMAN SERVICES

STATE OF NEBRASKA				63	
DEPARTMENT OF HEALTH				Bureau of Vital Statistics	
CERTIFICATE OF LIVE BIRTH				BIRTH NO. 126	
1. PLACE OF BIRTH a. COUNTY Hall		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Hall			
b. CITY (If outside corporate limits, write RURAL) OR TOWN Grand Island		c. CITY (If outside corporate limits, write RURAL) OR TOWN Grand Island			
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lutheran Memorial		d. STREET ADDRESS 2111 W. 10th		Inside City Limits? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. CHILD'S NAME (Type or print)		a. (First) Kurt		b. (Middle) Terry	
		c. (Last) Kontor			
4. SEX Male	5a. THIS BIRTH Single <input type="checkbox"/> Twin <input checked="" type="checkbox"/> Triplet <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1st <input checked="" type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		6. DATE OF BIRTH (Month) (Day) (Year)	
FATHER OF CHILD K-536					
7. FULL NAME a. (First) Lawrence		b. (Middle) Richard		c. (Last) Kontor	
				8. COLOR OR RACE white	
9. AGE (At time of this birth) 21 Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) Loup City, Nebraska	11a. USUAL OCCUPATION Const. worker-heavy equip.	11b. KIND OF BUSINESS OR INDUSTRY		
MOTHER OF CHILD					
12. FULL MAIDEN NAME a. (First) Sunny		b. (Middle) Lee		c. (Last) Ewers	
				12. COLOR OR RACE white	
14. AGE (At time of this birth) 19 Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) St. Paul, Nebraska	16. Children Previously Born to This Mother (Do NOT include this child)			
		a. How many OTHER children are now living?	b. How many OTHER children were born alive but are stillborn (born dead after 28 weeks pregnancy)?	c. How many children were born dead after 28 weeks pregnancy?	
17. INFORMANT'S SIGNATURE OR NAME - Relationship Mrs. Lawrence Kontor - mother		0	0	0	
I hereby certify that this child was born alive on the date stated above at 5:44 A.M.	18a. SIGNATURE <i>[Signature]</i>		18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)		
	18c. ADDRESS <i>[Address]</i>		19. MOTHER'S MAILING ADDRESS 2111 W. 10th Grand Island, Nebraska		
20. DATE RECD BY LOCAL REG. JAN 23 1963	21. REGISTRAR'S SIGNATURE <i>[Signature]</i>				

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