

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

February 6, 2013

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 Coyote Willy's, 2137 Cornhusker requesting a class I liquor license.

This location was previously known as Uncle Ron's which held a class C liquor license

David Duffek, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

David Duffek was born in Seward, Nebraska. He attended Seward High School graduating in 1990.

Mr. Duffek has been self-employed since 1990.

The required training will be completed.

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**

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Trade Name (doing business as) Coyote Willy's

Street Address #1 2137 Cornhusker Hwy.

JAN 23 2013

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

NEBRASKA LIQUOR CONTROL COMMISSION  
Zip Code 68521

City Lincoln

County Lancaster

Premise Telephone number 402-474-2332

Is this location inside the city/village corporate limits:

YES  NO

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

Name David L Duffek

Street Address #1 1512-238 RD

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

City Seward

State NE

Zip Code 68434

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

**READ CAREFULLY**

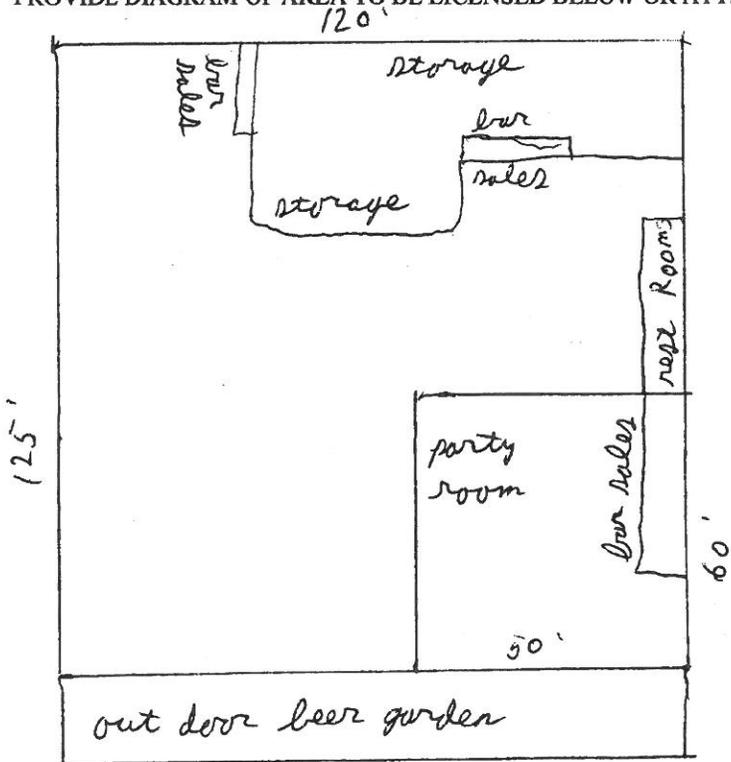
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 125 feet  
Width 120 feet



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



single level building

90 x 90 plus beer garden  
27 x 111 ft to the south

**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.

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NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge

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

YES  NO

If yes, give name of business and liquor license number U R Rockin DBA Uncle Ron's 080400

- 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 080400

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) Jones National Bank, Dorothy Duffek

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Manager's information must be completed below PLEASE PRINT CLEARLY

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NEBRASKA LIQUOR CONTROL COMMISSION

Gender:  MALE  FEMALE

Last Name: Duffek First Name: David MI: L

Home Address (include PO Box if applicable): 1512-238 RD

City: Seward County: Seward Zip Code: 68434

Home Phone Number: 402-643-3290 Business Phone Number: 402-643-3290

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: Seward Hospital

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: \_\_\_\_\_ 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
Seward NE	1972	2013			

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1990	2013	Self Employed		402-643-3290

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.

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

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.

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

4. Have you enclosed the required fingerprint cards and PROPER FEES with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)  YES  NO

5. List any alcohol related training and/or experience (when and where).

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JAN 28 2013

NEBRASKA LIQUOR CONTROL COMMISSION

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

STATE OF NEBRASKA - DEPARTMENT OF HEALTH  
Bureau of Vital Statistics  
CERTIFICATE OF LIVE BIRTH

128-

PRINT IN  
LET INK

CHILD NAME FIRST: David MIDDLE: Lee LAST: Duffek			DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER	HOUR 9:01	MINUTE 4
SEX Male	THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC (SPECIFY)	IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC (SPECIFY)	COUNTY OF BIRTH Seward				
CITY, TOWN, OR LOCATION OF BIRTH Seward		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	HOSPITAL - NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) Memorial Hospital				
MOTHER - MAIDEN NAME FIRST: Dorothy MIDDLE: Mae LAST: Matthes			AGE (AT TIME OF THIS BIRTH) 30	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska			
RESIDENCE STATE Nebraska	COUNTY Seward	CITY, TOWN, OR LOCATION, ZIP CODE Seward 68134	INSIDE CITY LIMITS (SPECIFY YES OR NO) No	STREET AND NUMBER			
FATHER - NAME FIRST: Richard MIDDLE: Lee LAST: Duffek			AGE (AT TIME OF THIS BIRTH) 30	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska			
SIGNATURE OF FATHER (PRINT) Richard (Duffek) Duffek			DATE SIGNED (MONTH, DAY, YEAR) 3-28-72		ATTENDANT - M.D., D.O., OTHER (SPECIFY) H. D.		
SIGNATURE OF MOTHER (PRINT) Dorothy Matthes			MAILING ADDRESS Utah, Nebraska 68166		DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR		

**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:

Office Use  
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JAN 23 2013  
NEBRASKA LIQUOR CONTROL COMMISSION

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: David L Duffek

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

Coyote Willy's Inc. # 10171439

Corporation Address: 1512-238 RD

City: Seward State: NE Zip Code: 68434

Corporation Phone Number: 402-643-3290 Fax Number: 402-643-3290

Total Number of Corporation Shares Issued: 1500

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

Last Name: Duffek First Name: David MI: L

Home Address: 1512-238 RD City: Seward

State: NE Zip Code: 68434 Home Phone Number: 402-643-3290

David L. Duffek president Coyote Willy's Inc.  
Signature of President/CEO

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster

The foregoing instrument was acknowledged before me this

22nd day of January, 2013  
Date

by David L. Duffek  
name of person acknowledge

[Signature]

Affix Seal  
NGA N. VU  
MY COMMISSION EXPIRES  
June 30, 2013

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

Last Name: Duffek First Name: David MI: L

Prints

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

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Title: President Number of Shares 1500

JAN 23 2013

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

NEBRASKA LIQUOR CONTROL COMMISSION

Spouse Social Security Number: NA Date of Birth: NA

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: \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_