



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 7, 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 Pepper Jax Grill, 1339 'O' Street requesting a class A liquor license.

Erin Duesing has requested that she be approved as the manager of the liquor license.

Background information on the applicant will be omitted as she is a currently approved liquor license manager.

The required training was completed on October 20th 2011.

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 Jay Grill

Street Address #1 1339 O Street, Ste 2

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

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 Jay 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 88 feet
Width 32 feet

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

first floor only of two story bldg approx 88'x32'

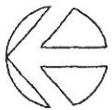
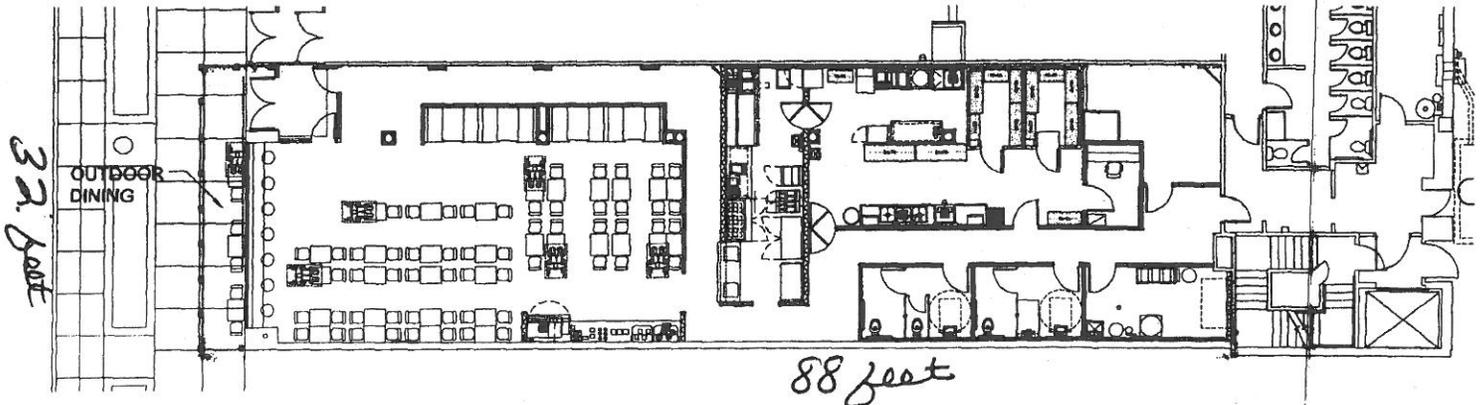
RECEIVED
DEC 31 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

RECEIVED

DEC 31 2012

NEBRASKA LIQUOR
CONTROL COMMISSION



FLOOR PLAN

SCALE: 1/16" = 1'-0"



Manager's information must be completed below PLEASE PRINT CLEARLY

on file
3-28-11

Gender: MALE FEMALE

Last Name: Duensing First Name: Erin MI: D

Home Address (include PO Box if applicable): 14536 N. Street

City: Omaha County: Douglas Zip Code: 68137

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

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

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

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

YES NO will be getting married 11-10-12

filing
prints
&
info

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
<u>Omaha, NE</u>	<u>1989</u>	<u>Current</u>	<u>N/A</u>		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
04	05	GMS Ins	Jennifer	Unknown
07	02	No Frills	Unknown	Unknown

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, please list charges by each individual's name.

YES NO

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

DEC 31 2012

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Erin Duensing	-	-	Dismissed Diversion	Nebraska 2005

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 Fingerprint from 2011

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

Fulfilled City requirements in 2011 for our Lincoln S. location

RECEIVED
 DEC 8 1 2012
 NEBRASKA LIQUOR CONTROL COMMISSION

JAN 22 1985
 3277

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

(Do Not Write In This Box) 115

LOCAL FILE NUMBER: [] BIRTH NUMBER: 115

1 CHILD—NAME: ERIN DANIELLE DUENSING
 HOSPITAL—NAME (if not in hospital, give street &c. number): Community Memorial Hospital, Inc.
 2a. I certify that the stated information concerning this child is true to the best of my knowledge and belief.
 3a. (Signature) Ronald Dupuy
 CERTIFIER—NAME AND TITLE (Type or Print):
 4a. DONALD A. ARSO, M.D.
 REGISTRAR
 5a. (Signature) Clayton Funk
 MOTHER—MADEN NAME: SHARI KAY ROHLOFF
 7a. RESIDENCE—STATE: Kansas COUNTY: Marshall Co. CITY, TOWN OR LOCATION: Marysville
 8a. MOTHER'S MAILING ADDRESS—If same as above, enter 2a Code Only: 504 North 10th
 6 FATHER—NAME: KENT MELVIN DUENSING
 10a. PARENTS VERIFICATION: I certify that the foregoing information provided on this certificate is correct to the best of my knowledge and belief.
 (Signature of Parent) Shari K. Duensing
 11a. DATE RECEIVED BY REGISTRAR (Month, Day, Year): JAN 18, 1985
 DATE OF BIRTH (Mo., Day, Yr.): 4:17A
 COUNTY OF BIRTH: Marshall
 STATE OF BIRTH (if not in U.S.A., name country): Kansas
 AGE (At time of the birth): 22
 STREET AND NUMBER OF RESIDENCE: 504 North 10th
 INSIDE CITY LIMITS (Specify Year or No.): Yes
 STATE OF BIRTH (if not in U.S.A., name country): Kansas
 AGE (At time of the birth): 26
 DATE SIGNED: Dec. 31, 1984