CITY OF
LINCOLN™
NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

November 14, 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 Hideaway Lounge, 3233 ½ South 13th Street requesting a class C liquor license.

This location was previously known as The Underground which held a liquor license.

Amy Shaffer has requested that she be approved as the manager of the liquor license.

Ms. Shaffer was approved by Council on 2-14-2011 as a liquor license holder.

Ms. Shaffer background is available for review on request.

The required training was completed on 2-10-2011.

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

JIM PESCHONG, Chief of Police

PREMISE INFORMATION

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NEBRASKA LIQUOR CONTROL COMMISSION

Trade Name (doing business as) Hideaway Lounge

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

Street Address #2

City Lincoln County Lancaster Zip Code 68502

Premise Telephone number E-mail

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

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

Name Amy Shaffer

Street Address #1 2050 Cornhusker Hwy

Street Address #2

City Lincoln State NE Zip Code 68521

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY

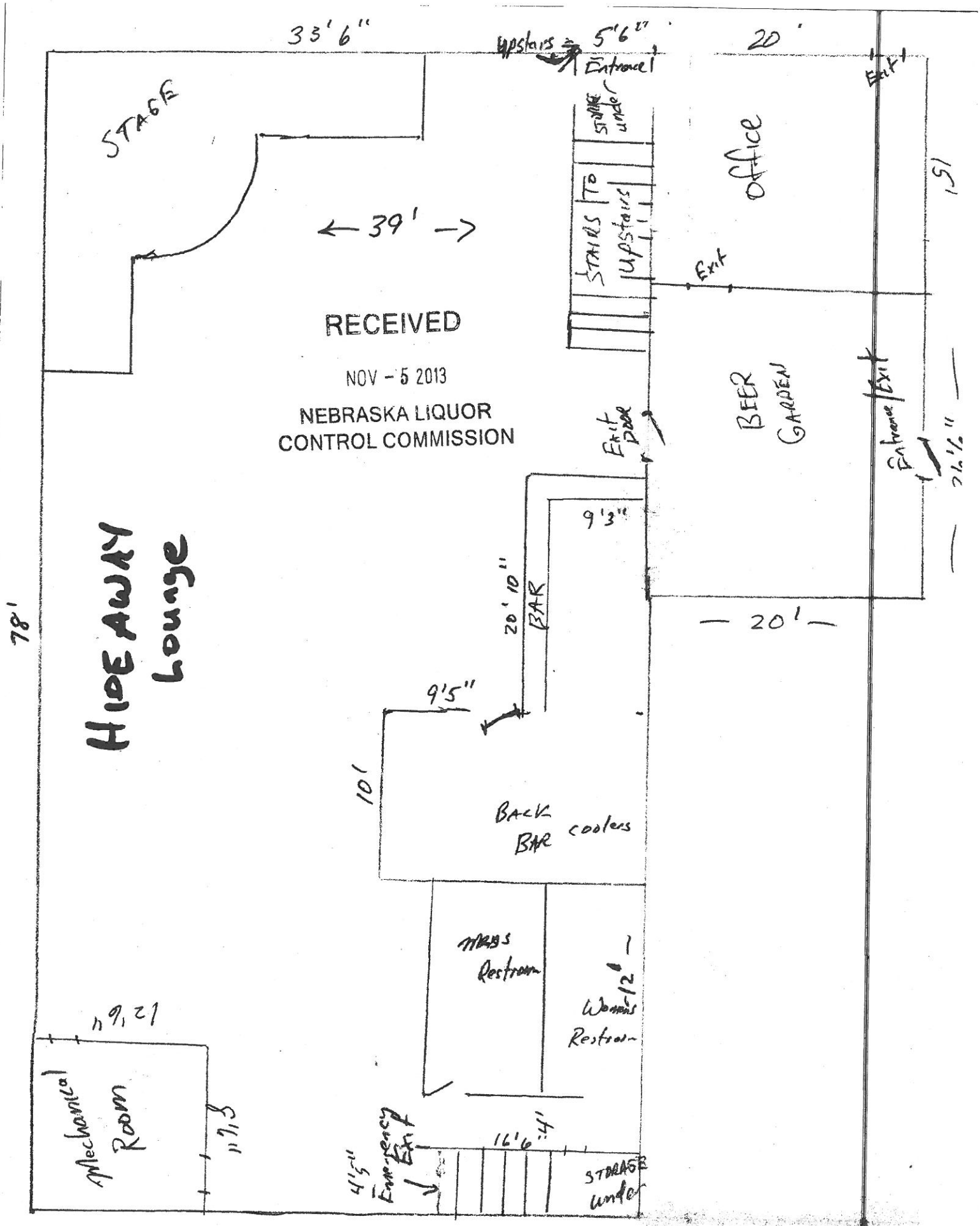
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 78' feet
Width 39' feet
Is there a basement? Yes ☒ No ☐ BAR IS Basement

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

lower level approx 78' x 34' plus office approx 20' x 15' and outdoor area 20' x 27'



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

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 Underground #99225

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)_____

Manager's information must be completed below **PLEASE PRINT CLEARLY** Print

Last Name: Shaffer First Name: Amy MI: S

Home Address (include PO Box if applicable): 1342 Pelican Bay Place

City: Lincoln County: Lancaster Zip Code: 68528

Home Phone Number: (402) 314-0497 Business Phone Number:

Social Security Number: Drivers License Number & State NE

Date Of Birth: Place Of Birth: Lincoln, NE

Email address: jasfco@gmail.com

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

☒ YES ☐ NO

Spouse's information Affidavit

Spouses Last Name: Fredrick First Name: Jeffrey MI: D

Social Security Number: Drivers License Number & Sta NE

Date Of Birth: Place Of Birth: St. Paul, NE

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
Lincoln, NE	2003	2005	Lincoln, NE	2003	present
Manhattan, KS	2005	2009			
Lincoln, NE	2009	2013			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2011	Don Arena-Red Fox	Don Arena	
2011	2013	Home Real Estate	Julie McManaman	

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

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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

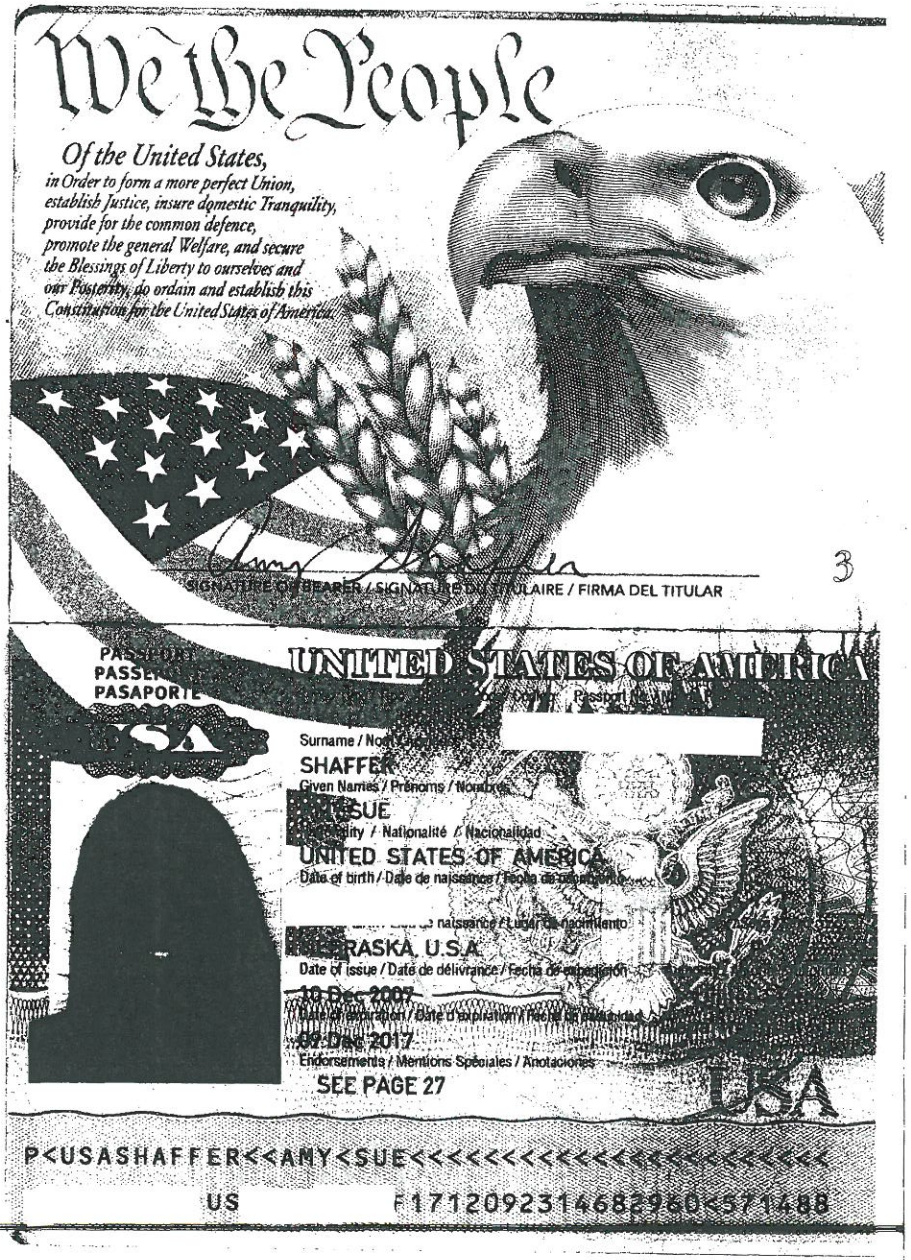
2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

☒ YES ☐ NO

IF YES, list the name of the premise(s): NoWhere Bar and Grill, 2050 Cornhusker Hwy

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



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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: www.lcc.ne.gov

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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: Amy Shaffer

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

IVBAR, Inc. #

Corporation Address: 1342 Pelican Bay Place
City: Lincoln State: NE Zip Code: 68528

Corporation Phone Number: (402) 314-0497 Fax Number

Total Number of Corporation Shares Issued: 100

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

Last Name: Shaffer First Name: Amy MI: S

Home Address: 1342 Pelican Bay Place City: Lincoln

State: NE Zip Code: 68528 Home Phone Number: (402) 314-0497

Amy Shaffer
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

11-05-13
Date

by Amy Shaffer
name of person acknowledge

Affix Seal

General Notary - State of Nebraska
CARLOS A. RISUENO
My Comm. Exp. Feb. 6, 2017.

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

Last Name: Shaffer First Name: Amy MI: _____

Social Security Number: _____ Date of Birth: _____

Title: president Number of Shares 100

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

Spouse Social Security Number: _____ Date of Birth: _____

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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: _____