

March 4, 2014

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 Old Pub, 420 South 11<sup>th</sup> Street requesting a class C liquor license.

This was previously known as Ye Old Pub which holds a class C liquor license

Jacob Gross has requested that he be approved as the manager of the liquor license.

Jacob Gross was previously approved by Council as a liquor license manager.

The required training was completed on October 13<sup>th</sup> 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, Chief of Police



**PREMISE INFORMATION**

Trade Name (doing business as) The Old Pub

Street Address #1 420 S. 11th St.

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

City Lincoln

County Lancaster

#2

Zip Code 68508

Premise Telephone number 402-477-5671

Business e-mail address info@dexteriors.com

Is this location inside the city/village corporate limits:



YES



NO

City

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

Name The Old Pub Attn Manager

Street Address #1 420 So. 11th Street

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

City Lincoln

State NE

Zip Code 68508

**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.

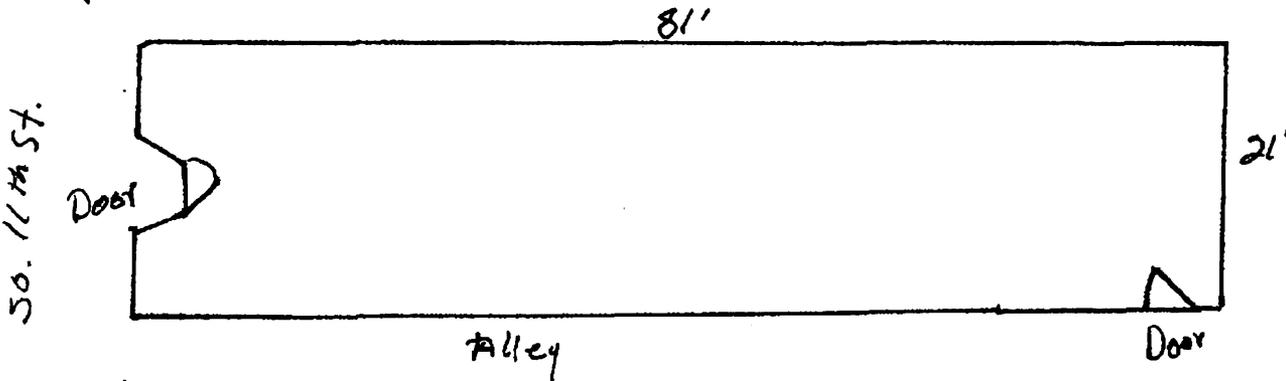
\*\*For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 81 feet x width 21 feet in feet

Is there a basement to be licensed? Yes  No<sup>xx</sup> If yes, length \_\_\_ x width \_\_\_ in feet

Is there an outdoor area? Yes  No<sup>xx</sup> If yes, length \_\_\_ x width \_\_\_ in feet

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



one story building approx  
21 x 81

**APPLICANT INFORMATION**

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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. Include traffic violations. 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. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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
Douglas A. Litz	See Attached	See Attached	See attached	All matters resolved
Jacob Gross	??/1988	Lincoln, NE	DUI	Probation completed
Jacob Gross	??/1989	Lincoln, NE	DUI	Probation completed

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

YES       NO

If yes, give name of business and liquor license number Duggan's Pub d/b/a The Old Pub 006278

- 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 Duggan's Pub Inc. d/b/a The Old Pub 006278

4. Are you filing a temporary operating permit to operate during the application process?

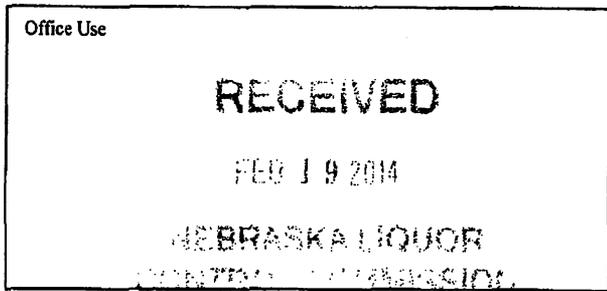
YES       NO

If yes:

- a) Attach temporary operating permit (TOP) (form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.

**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](http://www.lcc.ne.gov)



**MUST BE:**

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: The Old Pub, LLC

**License information**

Liquor License Number: \_\_\_\_\_ Class Type C  
(if new application leave blank)

Premise Trade Name/DBA: The Old Pub

Premise Street Address: 420 So. 11th Street

City: Lincoln County: NE Zip Code: 68508

Premise Phone Number: 402-477-5671

Email address: info@dlexteriors.com

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](http://www.lcc.ne.gov/license_search/licsearch.cgi)



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

✓ voter reg, BC, signed, prints <sup>all</sup> coming, fees submitted

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Gross First Name: Jacob MI: G  
Home Address (include PO Box if applicable): 3520 C St.  
City: Lincoln County: Lancaster Zip Code: 68502  
Home Phone Number: \_\_\_\_\_ Business Phone Number: 402-477-5671  
Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE  
Date Of Birth: \_\_\_\_\_ Place Of Birth: Scottsbluff, NE  
Email address: none

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

YES

NO

Not Married

Spouse's Information

Spouses Last Name: n/a First Name: n/a MI: n/a  
Social Security Number: n/a Drivers License Number & State: n/a  
Date Of Birth: n/a Place Of Birth: n/a

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	1971	2014	N/A	N/A	N/A

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1978	2014	Duggan's Pub, Inc.	Self	402-477-3513
1971	1978	N Street Liquor	no recall	no recall

**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
Jacob G. Gross	??/1988	Lincoln, NE	DUI	sentence completed
Jacob G. Gross	??/1989	Lincoln, NE	DUI	sentence completed

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):

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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

STATE OF NEBRASKA

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

12/20/2013

LINCOLN, NEBRASKA

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

STATE OF NEBRASKA  
 DEPARTMENT OF HEALTH  
 Division of Vital Statistics  
**STANDARD CERTIFICATE OF BIRTH**

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

State File No. 11

<b>1. PLACE OF BIRTH:</b> (a) County <u>Scotts Bluff</u> (b) City or town <u>Scottsbluff</u> (If outside city or town limits write RURAL) (c) Name of hospital or institution: <u>West Nebraska Methodist Hospital</u> (If not in hospital or institution give street number or location) (d) Mother's stay before delivery: In hospital or institution <u>days</u> in this community (Specify whether years, months, or days)		<b>2. USUAL RESIDENCE OF MOTHER:</b> (a) State <u>Nebraska</u> (b) County <u>Scottsbluff</u> (c) City or town <u>Scottsbluff</u> (If outside city or town limits write RURAL) <u>G. 620</u> (d) Street No. <u>1820 E 11th Avenue</u> (If rural give location)	
<b>3. Full name of child</b> <u>Jacob George Gross</u>		<b>4. Date of birth</b> (Month) (Day) (Year)	
<b>5. Sex:</b> <u>Male</u>	<b>6. Twin or triplet</b> <u>No</u>	<b>7. Number of months of pregnancy</b> <u>Nine</u>	<b>8.</b>
<b>FATHER OF CHILD</b> 9. Full name <u>Jacob Gross</u> 10. Color or race <u>White</u> 11. Age at time of this birth <u>33</u> yrs. 12. Birthplace <u>Loria</u> <u>Montana</u> (City, town, or county) (State or foreign country) 13. Usual occupation <u>Laborer</u> 14. Industry or business		<b>MOTHER OF CHILD</b> 15. Full maiden name <u>Marie Deitz</u> 16. Color or race <u>White</u> 17. Age at time of this birth <u>34</u> yrs. 18. Birthplace <u>Russia</u> (City, town, or county) (State or foreign country) 19. Usual occupation <u>Housewife</u> 20. Industry or business <u>Housekeeping</u>	
<b>21. Children born to this mother:</b> (a) How many other children of this mother are now living? <u>7</u> (b) How many other children were born alive but are now dead? <u>1</u> (c) How many children were born dead? <u>0</u>		<b>22. Mother's mailing address:</b> <u>Same as above</u>	
Was serologic test made on blood from mother of this child? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Date		If serologic test not made, state reason why:	
<b>23. I hereby certify that I attended the birth of this child who was</b> <u>Born alive</u> <b>at the hour of</b> <u>4:57/8.</u> <b>on the date above stated</b> (Born alive, Stillborn) and that the information given was furnished by <u>Mrs. Gross</u> related to this child as <u>Mother</u>			
<b>24. Attendant's own signature</b> <u>Frank Deitz</u> <b>M. D. Address</b> <u>Scottsbluff, Nebraska</u> (or other)		<b>25. Registrar's own signature</b> <u>J. E. Brown</u>	
<b>25. Date received by local registrar</b> <u>JAN 17 1945</u>			

RECEIVED

JAN 19 1945

REGISTRATION DIVISION



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](http://www.lcc.ne.gov)

Office Use  
**RECEIVED**  
FEB 19 2014  
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: Jacob G. Gross

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

The Old Pub, LLC

LLC Address: 420 So. 11th Street

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-477-5671 LLC Fax Number: n/a

Name of Managing/Contact Member

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

Last Name: Gross First Name: Jacob MI: G

Home Address: 3520 C St. City: Lincoln

State: NE Zip Code: 68502 Home Phone Number: 402-473-7134

*Jacob G. Gross*  
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of LANCASTER

The foregoing instrument was acknowledged before me this

February 18, 2014

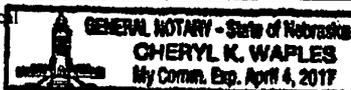
by Jacob G. Gross

Date

name of person acknowledge

*Cheryl K. Waples*

Affix Seal



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

Last Name: Gross First Name: Jacob MI: G

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

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

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 50%

*Signed  
BC  
water reg  
10/15/10  
10/15/10*

Last Name: Litz First Name: Douglas MI: A

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

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

Spouse Social Security Number: N/A Date of Birth: N/A

Percentage of member ownership 50%

*Signed  
water reg  
BC  
prints etc  
10/15/10*

Last Name: N/A 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: N/A 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 \_\_\_\_\_