

August 20, 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 IDC Bar & Grill, 3223 Cornhusker requesting a class C liquor license.

This location was previously known as Drifter's which held a class C liquor license.

Peter Shoup has requested that he be approved as the manager of the liquor license.

The Nebraska State Patrol reports a tavern violation occurring on 7-10-2014 where Mr. Shoup has been operating the business as the owner for approximately 2 weeks without having submitted an application for a liquor license which is in violation of the Nebraska Liquor Control Act. Mr. Shoup was issued a citation in Lancaster County for Selling Alcohol without a liquor license.

Mr. Shoup has not completed the city required manager training.

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) Emergency, Duffins Pool, Bar and Grill IDC Bar and Grill

Street Address #1 3223 Cornhusker Highway, Suite 1

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

City Lincoln County Lancaster Zip Code 68504

Premise Telephone number 402-261-3617

Business e-mail address buckhunter12979@gmail.com

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

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

Name IDC Bar and Grill, Inc.

Street Address #1 3223 Cornhusker Highway, Suite 1

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

City Lincoln State NE Zip Code 68504

**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 165 x width 145 in feet

Is there a basement to be licensed? Yes \_\_\_ No X If yes, length \_\_\_ x width \_\_\_ in feet

Is there an outdoor area? Yes \_\_\_ No X If yes, length \_\_\_ x width \_\_\_ in feet

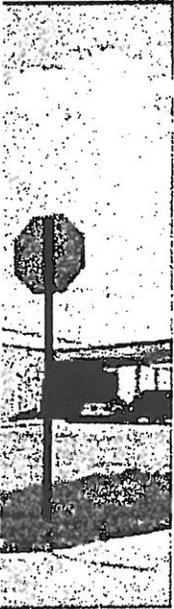
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

*See Attachment*

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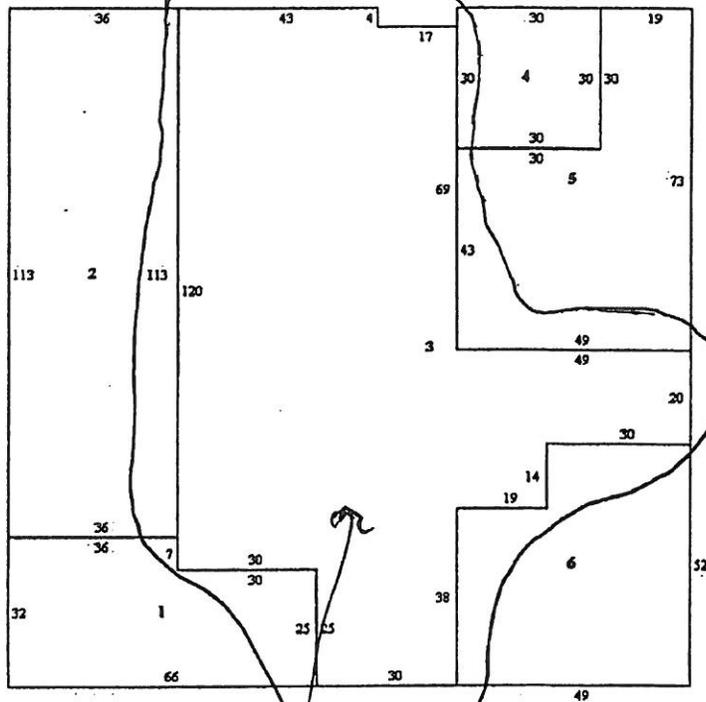
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Single Story

145'

2  
↓



165'

IDC Beer + Grill

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CONTROL COMMISSION

**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
See Attachment				RECEIVED
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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 Driftless Pool Bar and Grill 81570

- 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 Driftless Pool Bar and Grill 81570

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.

Application for Liquor License  
IDC Bar and Grill, Inc.  
Form 100, 103  
July 11, 2014

Applicant Information

List of Charges

Peter J. Shoup	10-2001	Seward, NE	Speeding	Fined, Paid
Peter J. Shoup	05-2003	Lincoln, NE	Disobey Traffic Control	Fined, Paid
Peter J. Shoup	11-2004	Lincoln, NE	Speed, no Seatbelt	Fined, Paid
Peter J. Shoup	12-2004	Lincoln, NE	Speeding	Fined, Paid
Peter J. Shoup	05-2004	Lincoln, NE	Speeding	Fined, Paid
Peter J. Shoup	07-2005	Lincoln, NE	No turn signal, No op Permit	Fined, Paid
Peter J. Shoup	04-2007	Lincoln, NE	Improper Registration	Fined, Paid

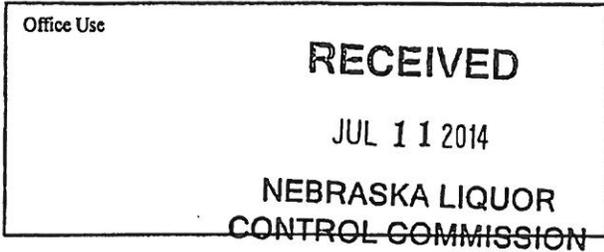
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**APPLICATION FOR LIQUOR LICENSE CORPORATION  
INSERT - FORM 3a**

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



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: Glen D. Witte, PC LLO

Name of Corporation that will hold license as listed on the Articles  
IDC Bar and Grill, Inc.

Corporation Address: 3223 Cornhusker Highway, Suite 1

City: Lincoln State: NE Zip Code: 68504

Corporation Phone Number: 402-261-3617 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: Shoup First Name: Peter MI: J

Home Address: 2133 N 28th St City: Lincoln

State: NE Zip Code: 68503 Home Phone Number: 402-890-4909

X [Signature]

Signature of President/CEO

**ACKNOWLEDGEMENT**

State of Nebraska

County of Lancaster

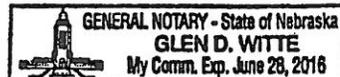
Date 7/11/2014

[Signature]

The foregoing instrument was acknowledged before me this

by Peter J. Shoup, President  
name of person acknowledged

Affix Seal



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

Last Name: Shoup First Name: Peter MI: J

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

Title: Pres, Dir, Sole Shareholder Number of Shares 100

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

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: \_\_\_\_\_

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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: \_\_\_\_\_

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Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January

Ending Date: December

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Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID # \_\_\_\_\_

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In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

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

Last Name: Shoup First Name: Peter MI: J

Home Address (include PO Box if applicable): 2133 N. 28th St

City: Lincoln County: Lancaster Zip Code: 68503

Home Phone Number: 402-890-4909 Business Phone Number: 402-261-3617

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

Date Of Birth. \_\_\_\_\_ Place Of Birth: Yokosuka, Japan

Email address: buckhunter12979@gmail.com

**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
Lincoln, NE	2001	Present			

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**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2014	2014	Liacola Industries	Will Tolliver	
2008	2013	Tuffys Auto Service	Rob Hackwith	

**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
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**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



DEPARTMENT OF STATE  
FOREIGN SERVICE OF THE UNITED STATES OF AMERICA



# Certification of Birth Abroad

of a Citizen of the United States of America

This is to certify that according to records on file in this Office.

PETER JASON SHOUP

Sex MALE was born at YOKOSUKA, KANAGAWA KEN, JAPAN  
on \_\_\_\_\_ Report of birth recorded on FEBRUARY 23, 1979

In Witness Whereof, I have hereunto subscribed my name and affixed the seal of the Consular Service of the United States of America at TOKYO, JAPAN

this 23RD day of FEBRUARY 1979

(SEAL)

  
GARY V. PRICE  
VICE CONSUL

of the United States of America  
WARNING: This certificate is not valid if it has been altered in any way whatsoever or if it does not bear the raised seal of the office of issuance.

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United States Navy



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Birth Certificate

This Certifies that PETER JASON SHOUP  
was born to DENORE MARIE SHOUP and JAMES FREDERICK SHOUP  
in the U. S. Naval Regional Medical Center Yokosuka, Japan  
at 6:28 a. m. on the          day of          19        

In Witness Whereof the said Naval Regional Medical Center  
has caused this certificate to be signed by its duly authorized officer.

*Wm E. Verross*  
W. E. VERROSS LT MC USNR  
Attending Physician

*J. P. Smyth*  
J. P. SMYTH CDR MC USN  
Acting Commanding Officer

The official certification of birth for PETER may be applied for at AMERICAN EMBASSY TOKYO JAPAN

STATISTICAL RECORD

Father

Mother

Full Name JAMES FREDERICK SHOUP Age 31 Full Maiden Name DENORE MARIE BOSSINGER  
 Residence VQ-1 Det. BOX 43, FPO Seattle, Washington 98767 Residence USNAF BOX 9, FPO Seattle, Washington 98767  
 Occupation or Military Rank ATL/USN Occupation PN2/USN  
Fort Campbell, Kentucky Birthplace Buffalo, New York Date of Birth \_\_\_\_\_  
 Race Caucasian Citizenship U. S. A. Race Caucasian Citizenship U. S. A.  
 Place of Marriage Memphis, Tennessee Date of Marriage 3 Jan '73  
 Number of Previous Children by This Marriage 0 Number of Children Living, including Present 3

Birthweight lbs. 3,610 gms Ozs.  
 Length St. 53 cm Inch.  
 Sex Male

Stillborn  Yes  No

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