

September 16, 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 Bhupi G's Hurry Curry, 1601 Q Street, Suite D, requesting a class A and B liquor license.

Jason Ables has requested that he be approved as manager.

This location was previously known as Sher-E-Punjab which held a class I liquor license.

Jason Ables is the current licensee and manager for another establishment, The Hot Mess, which holds a class C liquor license.

Jason Ables has completed the required manager training.

No areas of concern were found.

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) BHUPI G'S HONEY CURRY

Street Address #1 1601 Q ST STE D

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

City LINCOLN County LANCASTER Zip Code 68508

Premise Telephone number 402 477 3090

Business e-mail address RVI301@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 TRG HOLDINGS LLC

Street Address #1 PO BOX 84592

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

City LINCOLN State NE Zip Code 68501

**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.

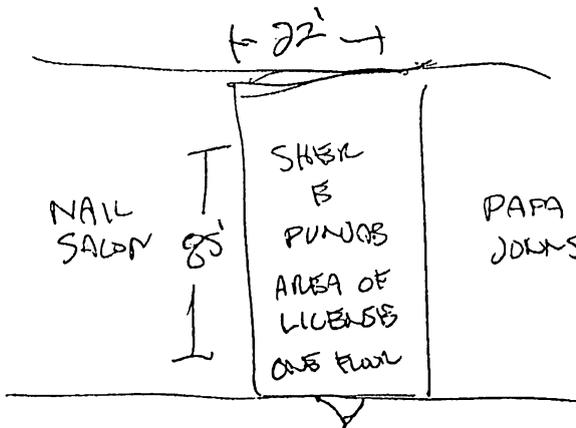
**\*\*For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 85 x width 22 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



FORM 100  
REV 12/2013  
PAGE 4

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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       |
|-------------------|------------------------------|--------------------------------|-----------------------|-------------------|
| JASON ABRES       | 5/4/2001                     | OMAHA NE                       | DUI                   | GUINNY, PROBATION |
|                   |                              |                                |                       |                   |
|                   |                              |                                |                       |                   |
|                   |                              |                                |                       |                   |
|                   |                              |                                |                       |                   |
|                   |                              |                                |                       |                   |

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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 SINGH CORP dba STEEL B PANJAB 056257

- 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 SINGH CORP dba STEEL B PANJAB 056257

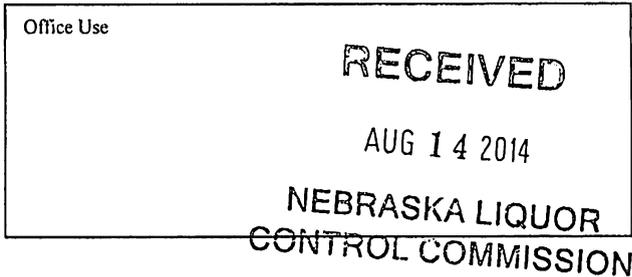
**4. Are you filing a temporary operating permit to operate during the application process?**

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  
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)



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: JASON ABLES

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

LLC Address: 1700 S 23RD ST

City: LINCOLN State: NE Zip Code: 68502

LLC Phone Number: 402 601 8896 LLC Fax Number: ---

Name of Managing/Contact Member

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

Last Name: ABLES First Name: JASON MI: A

Home Address: 1700 S 23RD City: LINCOLN

State: NE Zip Code: 68502 Home Phone Number: 402 601 8896

[Signature]

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

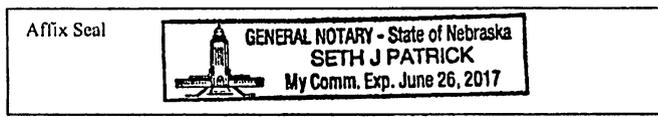
State of Nebraska  
County of LANCASTER

The foregoing instrument was acknowledged before me this

August 11th 2014

by JASON ABLES  
name of person acknowledge

Date  
[Signature]



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

Last Name: ABLES First Name: JASON 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 100%

---

Last Name: \_\_\_\_\_ 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 \_\_\_\_\_

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Last Name: \_\_\_\_\_ 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: \_\_\_\_\_ 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 \_\_\_\_\_

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

Last Name: ARRES First Name: JASON MI: A  
 Home Address (include PO Box if applicable): 1700 S. 23RD ST  
 City: LINCOLN County: LANCASTER Zip Code: 68506  
 Home Phone Number: 402 601 3096 Business Phone Number: 402 977-3090  
 Social Security Number \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_ NE  
 Date Of Birth: \_\_\_\_\_ Place Of Birth: TACOMA, WA  
 Email address: RVD301@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  | 1988      | Present |              |           |         |
|              |           |         |              |           |         |
|              |           |         |              |           |         |
|              |           |         |              |           |         |

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**MANAGER'S LAST TWO EMPLOYERS**

| YEAR FROM | TO       | NAME OF EMPLOYER | NAME OF SUPERVISOR | TELEPHONE NUMBER |
|-----------|----------|------------------|--------------------|------------------|
| 2011      | 2014     | LINCOLN HOLDINGS | NADER DEFRAPPA     | 402 840 9565     |
| 2013      | PRESSENT | TRU HOLDINGS LLC | JASON ABLES        | 402 601 8896     |

**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    |
|-------------------|------------------------------|--------------------------------|-----------------------|----------------|
| JASON ABLES       | 10/2001                      | OMAHA, NE                      | DUI                   | CELESTY (PLEA) |
|                   |                              |                                |                       |                |
|                   |                              |                                |                       |                |
|                   |                              |                                |                       |                |
|                   |                              |                                |                       |                |

**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):  
 THE HOT MESS (2013) BACIAMI (2005)

**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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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

CERTIFICATE OF LIVE BIRTH

Certificate Number:

Date Issued: 03/15/2002

Given Names: JASON ALLAN\*\*\*\*\*

Last Name: ABLES\*\*\*\*\*

Date of Birth: \*\*\*\*\*

Place of Birth: PIERCE COUNTY, WASHINGTON

Time of Birth: 04:02 p.m.

Sex: MALE

Mother's Maiden Name: PEGGY A PRICE

Place of Birth: NEBRASKA

Age: 22 Years

Father's Name: LEONARD J ABLES

Place of Birth: NEBRASKA

Age: 21 Years

County File Number:

Filing Date: 09/21/076

Fee Number

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**APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814

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- Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.
- Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.
- TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).
- Seller's liquor license will terminate upon issuance of the TOP.
- If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.

NAME OF CURRENT LICENSEE (SELLER):

SELLER'S LICENSE #:

SINGH CORPORATION

056257

On (date) 8/11/2014 seller and buyer entered into a contract for sale of the business known as (TRADE NAME):

SHER-B-PUMIAB

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.

