



LINCOLN POLICE DEPARTMENT  
575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-6492 lincoln.ne.gov

September 18, 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 Lounge, 2001 West O Street, requesting a class C liquor license.

Terry Schubert has requested that she be approved as manager.

This location was previously known as Congress Lounge which held a class C liquor license.

Terry Schubert 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.

A handwritten signature in black ink, appearing to read "Jim Peschong".

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



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PREMISE INFORMATION

Trade Name (doing business as) The Lounge APR 29 2011

Street Address #1 2001 West "O" Street

NEBRASKA LIQUOR  
CONTROL COMMISSION

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

City Lincoln County Lancaster Zip Code 68528

Premise Telephone number 402-477-4289 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 Jason Johnson

Street Address #1 320 West Industrial Lake Drive, Suite A

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

City Lincoln State Nebraska Zip Code 68528

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  
READ CAREFULLY

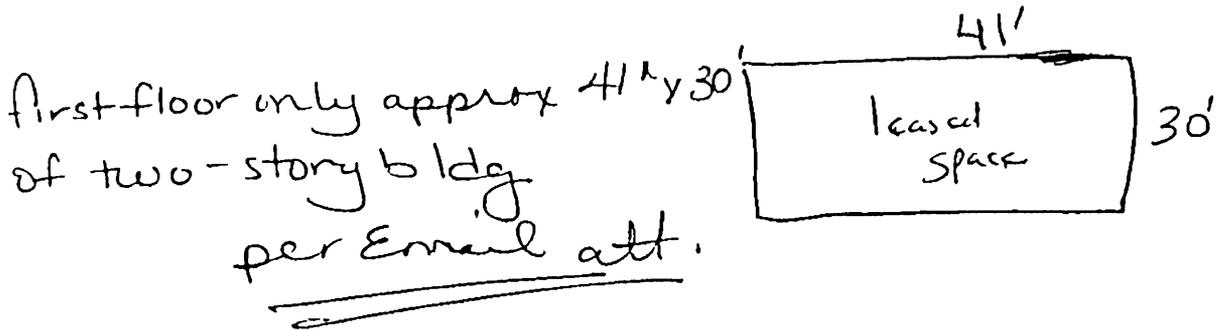
In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (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 41 feet  
Width 30 feet  
Is there a basement? Yes  No

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

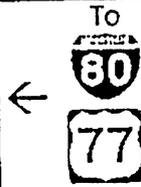
See attached:





**DAYS INN**  
SUITES

2001 W. 'O' St.  
Lincoln, NE 68528  
(402) 477-4188



West 'O' St.

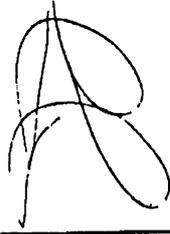
### First Floor

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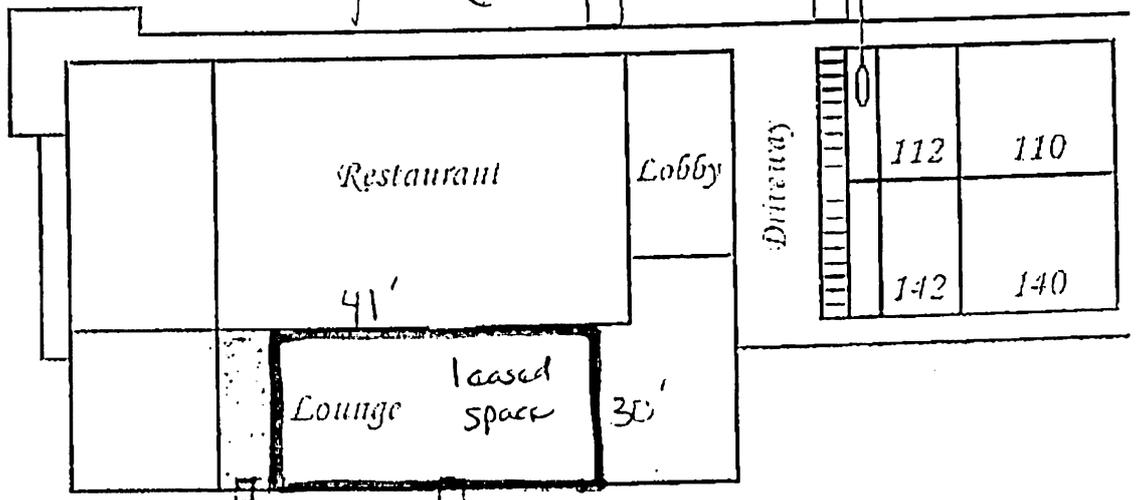
MAR 29 2011

NEBRASKA LIQUOR  
CONTROL COMMISSIO

EXHIBIT A  
S. Codrington Ave.



Laundry, Ice  
& Vending



11

**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.

*Per Email*

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Jason Johnson	July, 2007	Lincoln, NE	DUI	1st Offense, Fine, License Suspended
Jason Johnson	2005	Lincoln, NE	Maintain disorderly house	Fine
Jason Johnson	July, 2001	Camedon, MO	Boating while intoxicated	Probation
		<i>see Attached amendment</i>		

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

YES  NO

If yes, give name of business and liquor license number Talexmo, LLC Lic #100689

- 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 Talexmo, LLC Lic #100689

**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.

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**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) \_\_\_\_\_

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Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

*Prints/no fee*

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: Schubert First Name: Terry MI: L

Home Address (include PO Box if applicable): 4200 Paxton Court

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: 402-802-8213 Business Phone Number: 402-477-4289

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: Illinois *NE per Email*

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: N/A 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	1990	Present			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005	2014	Mary Jones	Mary Jones	402-499-9335
2012	2014	Heather Pavich	Heather Pavich	402-730-0517

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
Terry Schubert	11/2011	Lincoln, NE	Speeding	Fine
Terry Schubert	12/2010	Lincoln, NE	Speeding	Fine
Terry Schubert	Unknown	Nebraska	Speeding	Fine

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

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

*Will take training*

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WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE  
 SEP 17 1997  
 LINCOLN, NEBRASKA

*Stanley A. Cooper*  
 STANLEY A. COOPER  
 ASSISTANT STATE REGISTRAR  
 HEALTH AND HUMAN SERVICES SYSTEM

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NEBRASKA LIQUOR  
 CONTROL COMMISSION

STATE OF NEBRASKA -- DEPARTMENT OF HEALTH  
 Bureau of Vital Statistics  
 CERTIFICATE OF LIVE BIRTH

138 -- 77

CHILD - NAME FIRST JASON LAST JOHNSON		DATE OF BIRTH (MONTH, DAY, YEAR) 2:25 P.M.	
SEX M		COUNTY OF BIRTH York	
1. MARRIAGE a. THIS BIRTH--SINGLE, FORM, MARRIAGE, ETC. b. TWIN c. First		(IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)	
2. CITY, TOWN, OR LOCATION OF BIRTH a. York		3. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	
MOTHER--MARRIAGE NAME FIRST Jean LAST Rachow		4. AGE (AT TIME OF THIS BIRTH) 25	
5. RESIDENCE--STATE Nebraska		6. INSIDE CITY LIMITS (CHECK YES OR NO) Yes	
7. FATHER--NAME FIRST Lang LAST Johnson		8. STREET AND NUMBER 1414 Kennedy Drive	
9. INFORMANT--NAME OR SIGNATURE Lang Johnson		9. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	
10. SIGNATURE <i>Stanley A. Cooper</i>		10. RELATION TO CHILD Father	
11. SIGNATURE <i>Stanley A. Cooper</i>		11. DATE SIGNED (MONTH, DAY, YEAR) 4-13-77	
12. S.R. THOMAS, M.D. REGISTRAR--SIGNATURE		12. MAILING ADDRESS (STREET OR P.O. NO., CITY OR TOWN, STATE, ZIP) York Medical Clinic York, Nebraska 68467	
13. SIGNATURE <i>Stanley A. Cooper</i>		13. DATE RECEIVED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) April 14, 1977	

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NEBRASKA LIQUOR  
CONTROL COMMISSION

CERTIFICATION OF VITAL RECORDS

COUNTY OF COOK  
STATE OF ILLINOIS  
OFFICE OF THE COUNTY CLERK  
DAVID ORR  
CERTIFICATION OF BIRTH

BIRTH NUMBER:

NAME: TERRY LYNN HART

DATE OF BIRTH:

SEX: FEMALE

PLACE OF BIRTH: CHICAGO HEIGHTS, COOK COUNTY, ILLINOIS

DATE FILED: SEPTEMBER 29, 1955

DATE ISSUED: FEBRUARY 14, 2006

This is to certify that this is a true and correct abstract from the official record  
filed with the Illinois Department of Public Health.

ISSUED AT: COUNTY BUILDING  
CHICAGO, ILLINOIS 60602-1304

*David D. Orr*

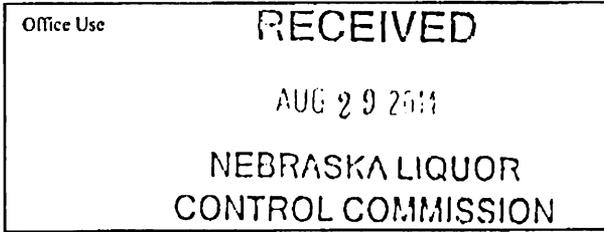
DAVID D. ORR  
COUNTY CLERK

This copy is not valid unless displaying embossed seals of Cook County and County Clerk signature

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MAIL 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 Johnson

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

JJ's Lounge, LLC

LLC Address: 320 West Industrial Lake Drive, Suite A

City: Lincoln State: NE Zip Code: 68528

LLC Phone Number: 402-477-4289 LLC Fax Number: 402-423-1339

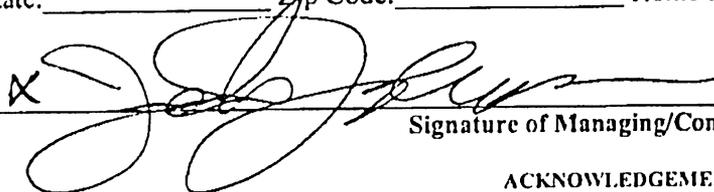
Name of Managing/Contact Member

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

Last Name: Johnson First Name: Jason MI: L.

Home Address: 930 Manchester Drive City: Lincoln

State: NE Zip Code: 68528 Home Phone Number: 402-601-3628

X 

Signature of Managing/Contact Member

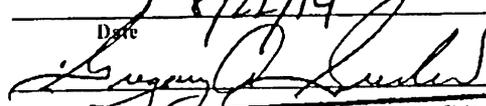
ACKNOWLEDGEMENT

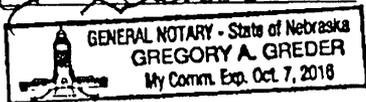
State of Nebraska  
County of Lincoln

The foregoing instrument was acknowledged before me this

Date 8/22/14

by Jason Johnson  
name of person acknowledge





Affix Seal

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

Last Name: Johnson First Name: Jason MI: L

*Prints /  
no fee*

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

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

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

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Percentage of member ownership 100%

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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 \_\_\_\_\_

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 \_\_\_\_\_

*Michelle*

**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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NEBRASKA LIQUOR CONTROL COMMISSION

- 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 #:

Tatexmo LLC

100689

On (date) \_\_\_\_\_ seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

Congress Lounge / Woodess

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.

BARCODE for office use only
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