

September 13, 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 Ye Old Pub, 408 South 11th Street requesting a class C liquor license.

This location is currently known as Old Pub which holds a liquor license.

Jason Ables has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Jason Ables was born in Pierce County, Washington. He graduated from Lincoln High School in 1994.

Jason Ables has been involved in the hospitality industry since 2004.

The applicant completed the required training on 10-31-2011.

A check of the applicant's criminal history was completed and no concerns 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



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) YE OLD PUB

Street Address #1 408 S. 11th

Street Address #2 _____

City LINCOLN County LANCASTER Zip Code 68508

Premise Telephone number _____ E-mail RVI301@GMQIL.COM

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

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

Name TPG HOLDINGS LLC

Street Address #1 PO BOX 94542 LINCOLN, NE 68501

Street Address #2 1200 S 23RD LINCOLN, NE 68502

City _____ State _____ Zip Code _____

**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 85 feet
Width 33 feet

Is there a basement? Yes No

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

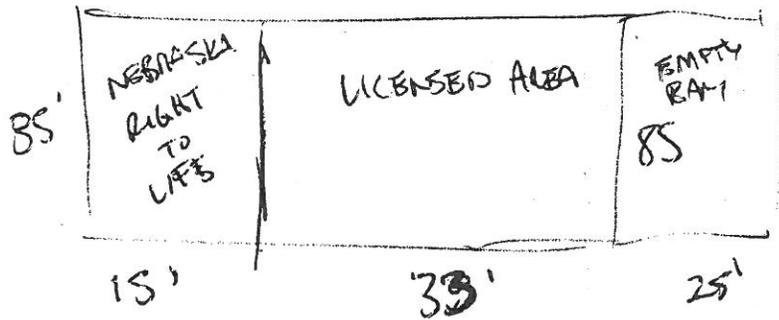


FORM 100
REV 02/2013
PAGE 4

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NEBRASKA LIQUOR
CONTROL COMMISSION



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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
JASON ABLES	05/2001	OMAHA, NE	DUI	GUILTY

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

If yes, give name and license number THE OLD PUB # 606278

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~~CONTROL COMMISSION~~

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.

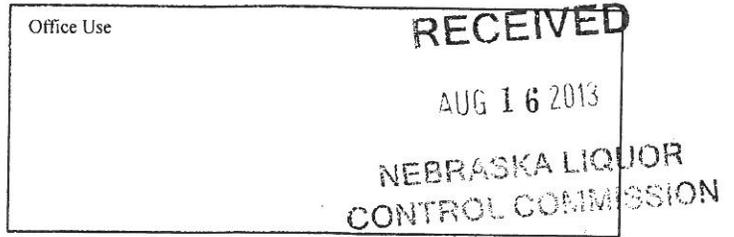
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____

**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



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 ABUES

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

LLC Address: 1200 S. 23RD

City: LINCOLN State: NE Zip Code: 68502

LLC Phone Number: 402.601.8896 LLC Fax Number NA

Name of Managing/Contact Member

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

Last Name: ABUES First Name: JASON MI: A

Home Address: 1200 S. 23RD City: LINCOLN

State: NE Zip Code: 68502 Home Phone Number: 902.601.8896

Signature of Managing/Contact Member

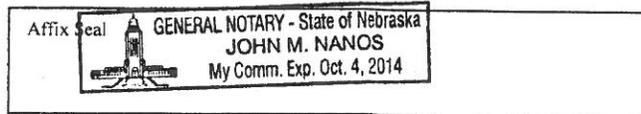
ACKNOWLEDGEMENT

State of Nebraska
County of Lincoln

The foregoing instrument was acknowledged before me this

8-16-2013
Date

by Jason Abues
name of person acknowledge



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

Last Name: AGUES 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: _____ Date of Birth: _____

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 _____

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 _____

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE
 Last Name: ABLES First Name: JASON MI: A
 Home Address (include PO Box if applicable): 1200 S. 23RD
 City: LINCOLN County: LANCASTER Zip Code: 68502
 Home Phone Number: 402.601.8896 Business Phone Number: 402.479.6279
 Social Security Number: _____ Drivers License Number & State: _____ NE
 Date Of Birth: _____ Place Of Birth: TALOMA, IA

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 NEBRASKA					
LINCOLN NEBRASKA	1987	PRESENT			
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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	PRESENT	LINCOLN HOLDINGS - MARZ	NADEL SEPAHPOUR	402.390.9565
2007	2007	SINGH CORP	BAUPINDRA SINGH	402.477.3090

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
ASIM ABIES	05/2001	OMAHA, NE	DVI	GUILTY

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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.
BACIAM I

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).
RBST, MANAGER TRAINING COURSE, 13 YEARS IN RBST/BAR LINCOLN, NE

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

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CONTROL COMMISSION

CERTIFICATE OF LIVE BIRTH

Certificate Num

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: 5586

Filing Date: 09/21/1976

Fee Number: 2712002



DOH 01-003 (5/99)