

February 6, 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 Night Owl Pub, 3233 ½ South 13<sup>th</sup> Street requesting a class C liquor license.

This location was previously known as The Underground which held a liquor license.

Brennan Rutt has applied to be the manager of this liquor license.

A background investigation was completed with the following results

Brennan Rutt criminal history shows.

1. Reckless driving 2007
2. Drive During Revoc/Impound 2008
3. DWI 2008
4. Urinating in public 2008
5. Drive while suspended 2010
6. Disturbing the peace 2010

The required training was completed on 09-08-2011.

His application is included for your review.

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



192.168.99.112 2014-02-06 13:05:27.57



## LINCOLN POLICE DEPARTMENT PUBLIC RECORD CRIMINAL HISTORY

This is a list of criminal citations and arrests by the Lincoln Police Department for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "\*\*\*\*END OF LISTING\*\*\*\*" does not appear at the bottom of this report, then this list is not complete.

FOR: BRENNAN ALLEN RUTT , Male, DOB:

Date of listing: 02-06-2014

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Arrested 05-10-2012	for (M)FALSE IMPRISONMENT, 2ND DEGREE	Case
Disposed 08-20-2012	as (M)FALSE IMPRISONMENT, 2ND DEGREE	Cit#            Chg# 1
<b>DISMISSED</b>		
Cited on 03-03-2010	for (M)DISTURBING THE PEACE	Case
Disposed 04-15-2010	as (M)DISTURBING THE PEACE	Cit#            Chg# 1
<b>FOUND GUILTY Fined \$150.00</b>		
Cited on 09-01-2008	for (M)URINATING IN PUBLIC	Case
Disposed 10-01-2008	as (M)URINATING IN PUBLIC	Cit#            Chg# 1
<b>FOUND GUILTY Fined \$50.00</b>		
Cited on 05-11-2008	for (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Case
Disposed 09-26-2008	as (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Cit#            Chg# 1
<b>FOUND GUILTY Fined \$400.00</b>		
09-MOS PROB		
Cited on 11-03-2007	for (M)DRIVING UNDER INFLUENCE/.08, FIRST OFFENS	Case
Disposed 02-06-2008	as (M)RECKLESS DRIVING	Cit#            Chg# 1

**FOUND GUILTY Fined \$100.00**

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\*\*\* END OF LISTING \*\*\*



## LANCASTER COUNTY SHERIFF'S OFFICE PUBLIC CRIMINAL HISTORY RECORD

This is a list of criminal citations and arrests by the Lancaster County Sheriff's Office for this person since 1980.

- Arrests or citations by any other law enforcement agency are not included.
- Arrests where no charges were filed are only included during the most recent year.
- Charges that were sent to diversion are only included during the most recent 2 years.
- Charges that were dismissed are only included during the most recent 3 years.
- Any arrest over 1 year old, that has no disposition, is not included.
- Minor traffic infractions and cases when the subject was under the age of 16 or cases transferred to juvenile court are not included.

If the phrase "\*\*\*\*END OF LISTING\*\*\*\*" does not appear at the bottom of this report, then this list is not complete.

FOR: BRENNAN ALLEN RUTT , Male, DOB:  
Date of listing: 02/06/2014

CODES FOR CRIMINAL HISTORY (I)=Infraction(M)=Misdemeanor(F)=Felony(O)=Other

Cited on 02/14/2010	for (M)DRIVE DURING SUSPENSION/BEFORE REINSTATED	Case
Disposed 03/24/2010	as (M)DRIVE DURING SUSPENSION/BEFORE REINSTATED	Cit#
<b>FOUND GUILTY Fined \$50.00</b>		
Cited on 06/29/2008	for (M)DRIVE DURING SUSPENSION/BEFORE REINSTATED	Case
Disposed 10/09/2008	as (M)DRIVE DURING REVOC/IMPOUND-1ST	Cit#
<b>FOUND GUILTY</b>		

\*\*\* END OF LISTING \*\*\*

RUSSELL FOSLER, RSS

\_\_\_\_\_  
Processor's Name / Title Printed

\_\_\_\_\_  
Processor's Signature

Trade Name (doing business as) Night Owl Pub

Street Address #1 3233 1/2 S 13th St

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

City Lincoln County Lancaster Zip Code 68502

Premise Telephone number \_\_\_\_\_

Business e-mail address Weijay.W@hotmail.com

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

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

Name Weijay WANG

Street Address #1 2621 N 173rd St

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

City Omaha State NE Zip Code 68116

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NEBRASKA LIQUOR  
CONTROL COMMISSION

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.

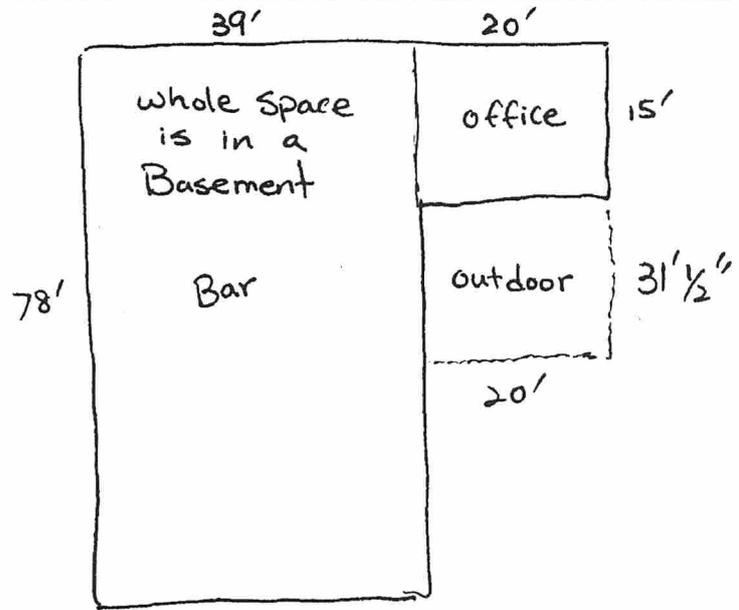
\*\*For on premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 78' x width 39' in feet

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

Is there an outdoor area? Yes \_\_\_ No \_\_\_ If yes, length 20' x width 31 1/2" in feet

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



Attached  
Same as previous  
applicant per  
Weijay

**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

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

**NEBRASKA LIQUOR CONTROL COMMISSION**

**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 under ground

**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)

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CONTROL COMMISSION

**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: WBC Enterprises LLC.

**Premise information**

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

Premise Trade Name/DBA: Night Owl Pub

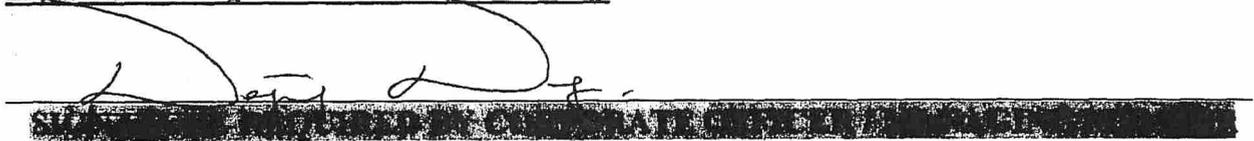
Premise Street Address: 3233 S 13th St

City: Lincoln County: \_\_\_\_\_ Zip Code: 68502

Premise Phone Number: Not in service yet

Email address: Not ~~App~~ Apply yet.

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>



(Faxed signatures are acceptable)

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*Prints*

Manager's information must be completed below PLEASE PRINT CLEARLY NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: Rutt First Name: Brennan MI: A

Home Address (include PO Box if applicable): 1725 G st Apt E

City: Lincoln County: Lancaster Zip Code: 68508

Home Phone Number: 402-890-0243 Business Phone Number: \_\_\_\_\_

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: Lincoln, NE NE

Email address: Brutt1987@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

*See Attached*

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO

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NEBRASKA LIQUOR  
MANAGER'S LAST TWO EMPLOYERS CONTROL COMMISSION

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	Current	Lincoln Race Course	Tonny Kreiter	402-805-2560
2013	2013	SOI BAR	John STERN S	?

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
Chris Rosiak	06/2012	Lincoln, NE	DUI	Fines / 1 week house arrest

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):

\_\_\_\_\_

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 NEBRASKA

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 OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

NEBRASKA LIQUOR CONTROL COMMISSION

DATE OF ISSUANCE

06/24/2005  
LINCOLN, NEBRASKA

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

STATE OF NEBRASKA—DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF LIVE BIRTH

128- 87

1. CHILD—NAME FIRST MIDDLE LAST Brennan Allen Rutt			2. SEX Male	3a. DATE OF BIRTH (Month, Day, Year)	3b. HOUR 8:31 a.
4a. HOSPITAL—NAME (If not in hospital, give street and number) Lincoln General Hospital		4b. INSIDE CITY LIMITS (Specify Yes or No) Yes	4c. CITY, TOWN, OR LOCATION OF BIRTH Lincoln		4d. COUNTY OF BIRTH Lancaster
5a. (Signature) <i>Gene F. Stohs, M.D.</i>			5b. DATE SIGNED (Month, Day, Year) 2-7-87	5c. NAME AND TITLE OF ATTENDANT IF OTHER THAN CERTIFIER	
6a. CERTIFIER—NAME AND TITLE (Type or print) Gene F. Stohs, M. D.			6b. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 3440 "O" St., Lincoln, Nebraska 68510		
7a. REGISTRAR—SIGNATURE <i>M. Jane Ford</i>			7b. RECEIVED MONTH DAY YEAR FEB 12 1987		
8a. MOTHER—MAIDEN NAME FIRST MIDDLE LAST Trisha Ann Rutt			8b. AGE (At time of this birth) 21	8c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country) Lincoln, Nebraska	
9a. RESIDENCE—STATE Nebraska	9b. COUNTY Lancaster	9c. CITY, TOWN, OR LOCATION, (Includes zip code) Lincoln 68510 68502		9d. INSIDE CITY LIMITS (Specify Yes or No) Yes	9e. STREET AND NUMBER 1345 Washington
10. MOTHER'S MAILING ADDRESS—Enter if not same as residence					
11a. FATHER—NAME FIRST MIDDLE LAST			11b. AGE (At time of this birth)	11c. CITY AND STATE OF BIRTH (If not in U.S.A., Name Country)	
12a. (Signature of Parent or other informant) Trisha Rutt <i>Trisha Rutt</i>			12b. RELATION TO CHILD Mother		

**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)

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**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 State's office)

Name of Registered Agent: Weijay WANG

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

WBC Enterprises LLC

LLC Address: 3233 S 13th St

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: 308-227-1628 LLC Fax Number \_\_\_\_\_

Name of Managing/Contact Member

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

Last Name: WANG First Name: Weijay MI: \_\_\_\_\_

Home Address: 2621 N 173rd St City: Omaha

State: NE Zip Code: 68116 Home Phone Number: 308-227-1628

[Signature]  
Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

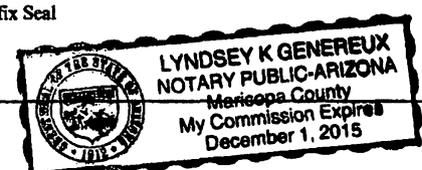
State of Nebraska Arizona  
County of Maricopa

The foregoing instrument was acknowledged before me this

12/23/13  
Date

by Weijay Wang  
name of person acknowledge

[Signature]

Affix Seal  


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

Print  
file

Last Name: WANG First Name: Weijay MI: \_\_\_\_\_

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

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

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

Percentage of member ownership 60%

Last Name: Rosiak First Name: Christopher MI: \_\_\_\_\_

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 20%

Last Name: Rutt First Name: Brennan MI: \_\_\_\_\_

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 20%

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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