City of Scottsbluff, Nebraska

Tuesday, January 16, 2024 Regular Meeting

Item Public Inp1

Council to discuss and consider action on making a recommendation to the Nebraska Liquor Control Commission naming Jason L. Rupp as the Liquor License Manager of the Class D liquor license held by Panhandle Cooperative, 3302 Ave. B Scottsbluff, NE.

Staff Contact: Kim Wright, City Clerk

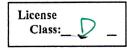
MANAGER APPLICATION FORM 103

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH

PO BOX 95046

LINCOLN, NE 68509-5046 PHONE: (402) 471-2571 FAX: (402) 471-2814

EMAIL: <u>lcc.frontdesk@nebraska.gov</u> WEBSITE: <u>www.lcc.nebraska.gov</u>



License Number:

017821



MANAGER MUST:

- Be at least 21-years of age
- Complete all sections of the application.
- Form must be signed by a member or corporate officer
- Include Form 147 –Fingerprints are required
- Provide a copy of one of the following: US birth certificate, US Passport, naturalization papers OR legal resident documentation
- Be a resident of the state of Nebraska and if an US citizen be a registered voter in the State of Nebraska
- Spouse who <u>will</u> participate in the business, the <u>spouse must meet the same requirements as the manager applicant:</u>

Spouse who will not participate in the business

• Complete the Spousal Affidavit of Non Participation (Form 116). Be sure to complete both halves of this form.

CORPORATION/LLC INFORMATION		Trong Stranger
Name of Corporation/LLC: Pan handle C	ooperative	
PREMISES INFORMATION		
Premises Trade Name/DBA: Panhandle	Cooperative	
Premises Street Address: 3302 Ave B		
City: Scottsbluff Con	inty: Scotts Bluff	Zip Code: <u>69361</u>
Premises Phone Number: (308) 635 - 330	>2	
Premises Email address: jrup@panhard President Charles W SIGNATURE REQUIRED BY CORPOR	RATE OFFICER / MANAG	
The individual whose name is listed as a corplisted with the Commission.	porate officer of managing mem	iber as reported of
	2300012151	FORMAGE
	20000.2.01	FORM 103

MANAGER INFORMATION					
Last Name: Rupp	First Name: Sason MI: L			ΛΙ:_ <u></u>	
Home Address: 1650 5+4	Stree	+			
Home Address: 1650 5+1		County	: Scotts Bluff zip Co	de: 6930	<u>11-31</u> 23
Home Phone Number: (308)	631-	3807			
Email address: jrupp 197	40gn	nail.c	om		-
					D. A.
Are you married? If yes, complete s		ormation (Even if a spousal affidavit has l	been submitte	d)
☐ YES	10				
Spouse's information					
Spouses Last Name:			First Name: MI:		ΛΙ:
Social Security Number:					
Driver's License Number:					<u> </u>
Date of Birth:		Pla	ice of Birth:		
					fertores years
APPLICANT & SPOUSE MUST APPLICANT	LIST RES	IDENCE	(S) FOR THE PAST TEN (10 SPOUSE) YEARS	
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Gering, NE	1995	2023			
I .	1	1		ı	ı i

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YEAR FROM TO	NAME OF EMPLOYER		R NAME C	F SUPERVISOR	TELEPHONE NUMBER	
Oct 2018 Prese	it Panhau	Me Cooper	ative Charle	es Wright ortot	(308) 430-5205	
for 2016 May 2018	Southw	est Busines	s Janet L	ortot	(210) 525-1241	
Must be co participatio	ULLY. ANS mpleted by n.	SWER COMPL both applican	ETELY AND A t and spouse, u	CCURATELY. nless spouse has fi	led an affidavit of n	
arge. Charge med a local law, ordinonth of the conviplication. If more any arrests and/or	ans <u>any</u> charg ance or resol ction or plea than one pa	ge alleging a felo lution. List the rand, include traffic rty, please list chat may occur	ony, misdemeanor nature of the charge violations. Also narges by each ind	, violation of a feder ge, where the charge o list any charges po	of or plead guilty to al or state law; a viola occurred and the year ending at the time of nmission must be noti on.	
] YES yes, please explai			page.			
Name of App	licant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition	
Have you or other state?	your spouse	ever been appro	oved or made app	lication for a liquor	license in Nebraska or	
	your spouse	ever been appro	oved or made app	lication for a liquor	icense in Nebraska or	

FORM 103 REV 12/8/2022 PAGE 3

YES

□NO

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Jason Rupp	01/2023	TIPS
*For list o	f NLCC Certified	Training Programs see training
xperience:	Date of	
Applicant Name / Job Title	Employment:	Name & Location of Business:
Jason Rupp/Bartende	1993-1994	O'Hara's, Monument Mall
lason Rupp/General Mana	pr 1996-1997	O'Houra's, Monument Mall Barry's Bart Grill, 1722 Broadway, NE 6936
		,
Have you enclosed Form 147	regarding finger	rprints?
MYES NO		

PERSONAL OATH AND CONSENT OF INVESTIGATION SIGNATURE PAGE – PLEASE READ CAREFULLY

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Must be signed by applicant and spouse.

Jason L Ruse	
Signature of APPLICANT Vason Rupp	Signature of SPOUSE
Printed Name of APPLICANT	Printed Name of SPOUSE

PRIVACY ACT STATEMENT/ SUBMISSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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.nebraska.gov



THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED: DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE
- Fee payment of \$45.25 per person MUST be made DIRECTLY to the Nebraska State Patrol; It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp Or a check made payable to NSP can be mailed directly to the following address:

Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a <u>Liquor License</u>

The Nebraska State Patrol – CID Division 4600 Innovation Drive Lincoln, NE 68521

- Fingerprints taken at NSP LIVESCAN locations will be forwarded to NSP CID Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices may be released to the applicants; Fingerprint cards should be submitted with the application.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34.

****Please Submit this form with your completed application to the Liquor Control Commission****
Trade Name Panhandle Cooperative
Name of Person Being Fingerprinted: Jason Rupp
Date fingerprints were taken: 12/15/2024
Location where fingerprints were taken: Scattsbluff P.D.
How was payment made to NSP?
□NSP PAYPORT □CASH □CHECK SENT TO NSP CK #
My fingerprints are already on file with the commission – fingerprints completed for a previous
application less than 2 years ago? YES □
Jason LRuss
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

FORM 147 REV JUNE 2021





CERTIFICATE OF COMPLETION

This certifies that

JASON L RUPP

is awarded this certificate for

TIPS Off-Premise Alcohol Seller Training

Expiration Date 01/10/2026

Certificate # OFF-000027788803

THIS CERTIFICATE IS NON-TRANSFERABLE

5000 Plaza on the Lake. Suite 305 | Austin, TX 78746 | 877.881.2235 | www.360training.com



JASON L RUPP

Issued: 01/11/2023

401 S Beltline Hwy W State #8

CERTIFIED

www.gettips.com

This card was issued for successful completion of the TIPS program.

Memo

To: Mayor and Council

From: Kevin E Spencer, City Manager/Chief of Police

CC: liquor file

Date: January 9, 2024

Re: Jason L. Rupp, manager application Class D Liquor License Number D-017821, Panhandle

Cooperative LLC dba: Panhandle Cooperative 3302 Ave. B Scottsbluff, NE 69361

The applicant, Jason L. Rupp, was investigated for suitability as the Panhandle Cooperative liquor license manager. Nothing was discovered to prohibit Jason from holding a manager's position under the license. Jason stated on the application that he did not have any felony, misdemeanor, or traffic violations. During my investigation, I did find one speeding citation issued on 9/23/2020 in Wyoming. This in no way disqualifies Jason from being a manager on the Panhandle Cooperative liquor license. Jason reported attending TIPS training in January 2023 and has experience as a bartender and as a general manager of a bar and grill.

Respectfully,

Kevin E. Spencer Chief of Police