

August 8, 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 Rule G, 350 Canopy Street suite 300 requesting a class I/E liquor license.

Eric Marsh has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Eric Marsh was born in Omaha, Nebraska. He graduated from Logan View High School in 1987.

Mr. Marsh has been self-employed since 2004. He has past employment as a Controller and as a Corporate Accountant.

Mr. Marsh has no criminal history.

The applicant has been informed about the required training.

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



**APPLICATION FOR ENTERTAINMENT  
DISTRICT LICENSE**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH, 5<sup>TH</sup> FLOOR  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814 OR (402) 471-2374  
Website: [www.lcc.ne.gov](http://www.lcc.ne.gov)



**Application:**

- Must include local governing body's designated area to be used as a common area for consumption
- Must include simple sketch showing existing licensed area and area to be used as commons area include feet (not square feet), direction north. No blue prints.

**104618**

CLASS OF LICENSE AND NUMBER (if any) I

NAME OF LICENSEE The Club at the Yard, LLC

TRADE NAME Rule G

PREMISE ADDRESS 350 Canopy Street, Suite 300

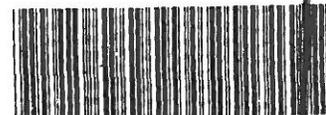
CITY/STATE/ZIP CODE Lincoln, NE 68502

A copy of this application will be forwarded to the local governing body for their recommendation as per Neb Rev Stat §53-132. Upon receipt of recommendation issuance shall be held for a 10 day protest period, if no protests received license will be issued and mail to the clerk's office for pick up and payment of fees.

A license fee of \$300 plus any occupation tax shall be paid to the local governing body at time of issuance in addition to underlying liquor license costs.

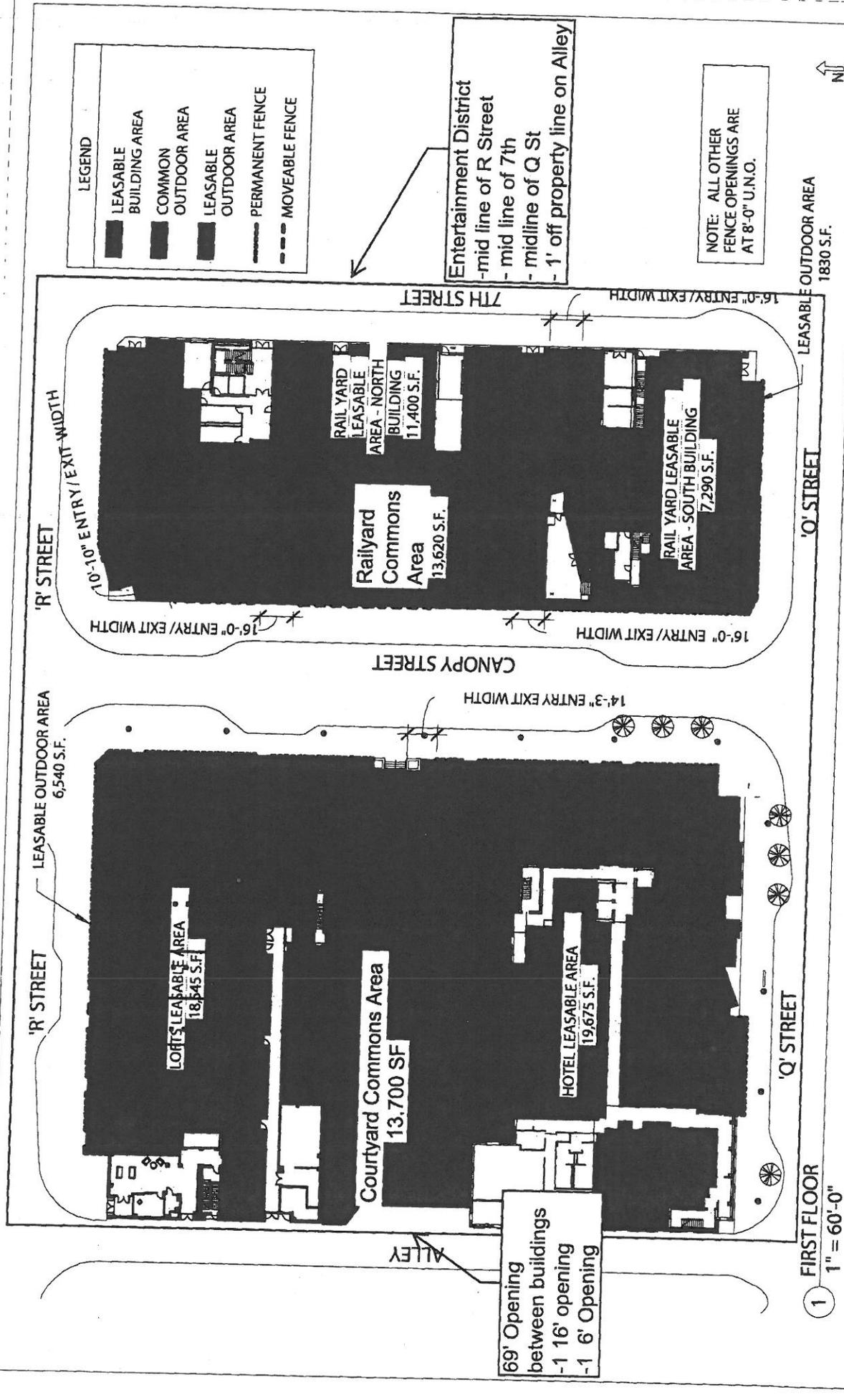
*Eric F.*

Signature of licensee



1300017415

MAY 08 2013



**LEGEND**

- LEASABLE BUILDING AREA
- COMMON OUTDOOR AREA
- LEASABLE OUTDOOR AREA
- PERMANENT FENCE
- MOVEABLE FENCE

**Entertainment District**  
 - mid line of R Street  
 - mid line of 7th  
 - midline of Q St  
 - 1' off property line on Alley

**NOTE: ALL OTHER FENCE OPENINGS ARE AT 8'-0" U.N.O.**



**Attachment A**  
 Railyard Promotional Associates  
 Entertainment District

**THE RAILYARD**  
 TRACTION DEVELOPMENT PARTNERS  
 CANOPY STREET & 'R' STREET  
 LINCOLN, NE

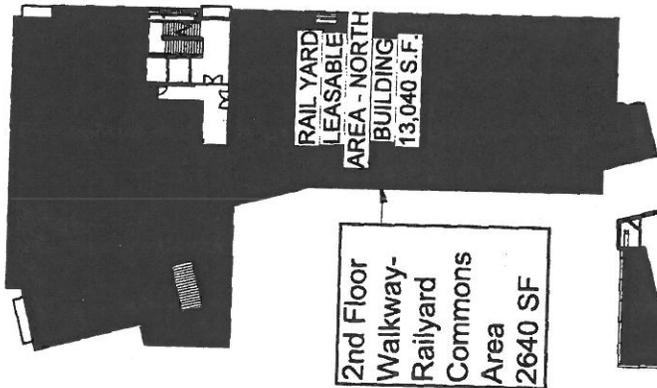
architects, p.c.  
 300 W. 16th Street  
 Lincoln, NE 68508  
 P 402.477.2484  
 F 402.477.2388  
 www.EncompassArch.com

Project No. 12-1500  
 Issue Date: 05/22/13

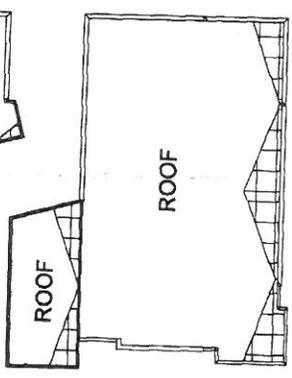
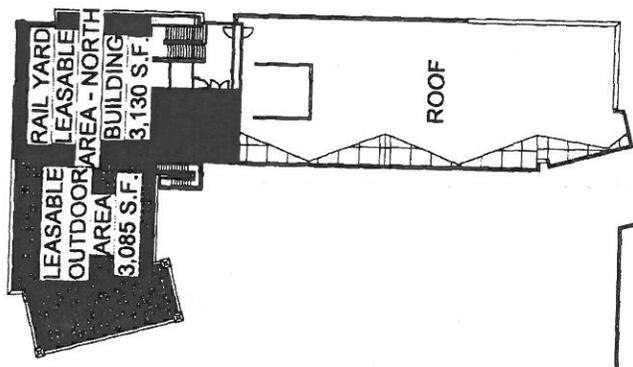
© Copyright Encompass Architects

1 FIRST FLOOR  
 1" = 60'-0"

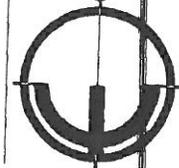
LEGEND	
	LEASABLE BUILDING AREA
	COMMON OUTDOOR AREA
	LEASABLE OUTDOOR AREA
	PERMANENT FENCE
	MOVEABLE FENCE



1 RAIL YARD SECOND FLOOR  
1" = 60'-0"



2 RAIL YARD THIRD FLOOR  
1" = 60'-0"



ENCOMPASS  
architects, p.c.  
720 O Street, Lot F  
Lincoln, NE 68508  
P 402.477.2484  
F 402.477.2388  
www.EncompassArch.com

THE RAILYARD  
TRACTION DEVELOPMENT PARTNERS  
CANOPY STREET & 'R' STREET  
LINCOLN, NE

Project No. 12-1500  
Issue Date: 05/22/13

Railyard Promotional Associates  
Entertainment District

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PREMISE INFORMATION

Trade Name (doing business as) Rule G

Street Address #1 350 Canopy Street, Suite 300

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

City Lincoln

County Lancaster

Zip Code 68502

Premise Telephone number 402-238-5815

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 Eric Marsh

Street Address #1 2555 S. 177th Plaza, Suite 52

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

City Omaha

State Nebraska

Zip Code 68130

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

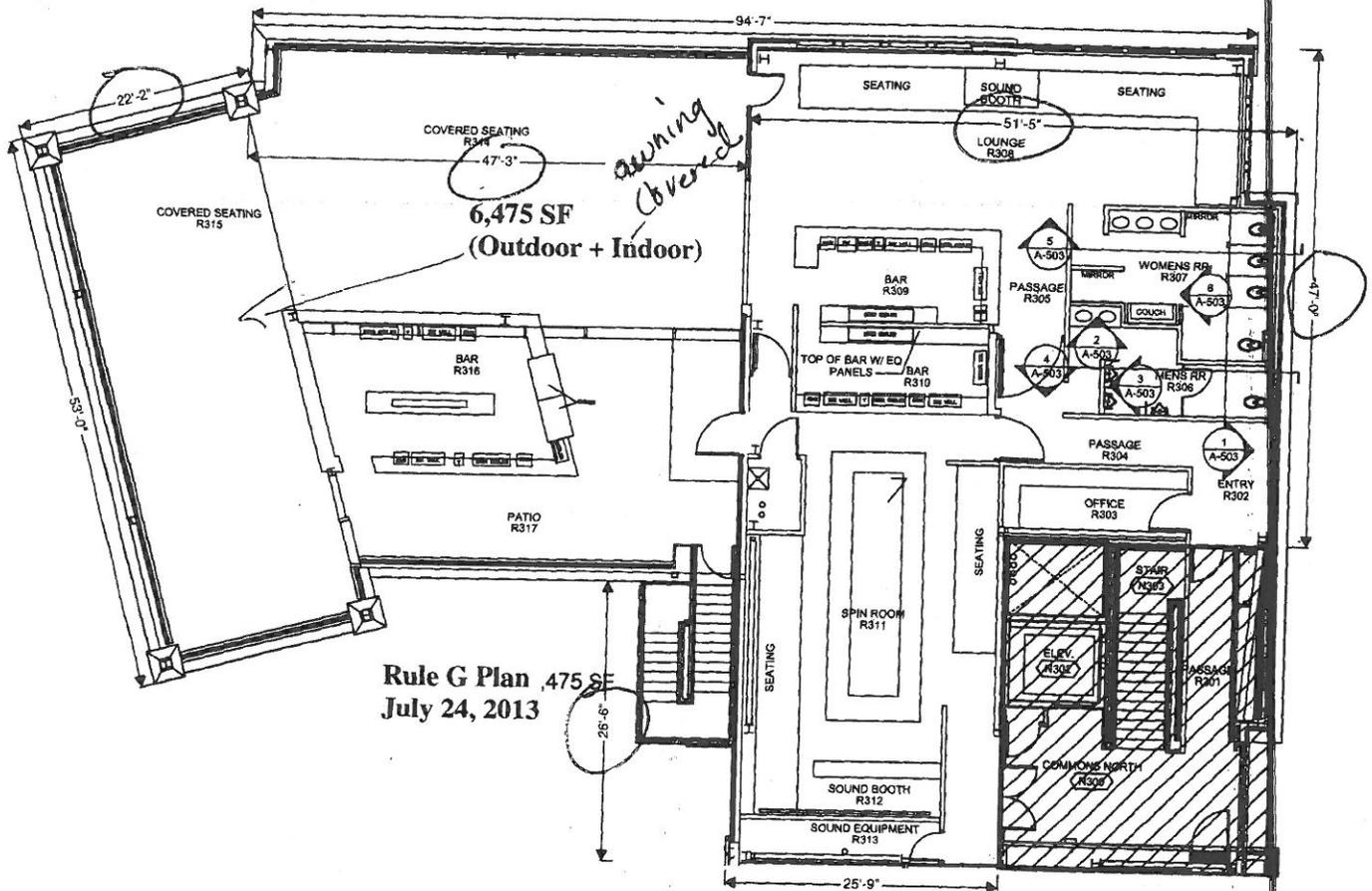
Length 100 feet

Width 75 feet

Is there a basement? Yes  No

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

\* Entire Third floor L-shaped area approx 52' x 74' plus irregular shaped outdoor patio area approx 69 x ~~53~~ 58'



Rule G Plan 4,475 SF  
 July 24, 2013

**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
				RECEIVED
				JUL 17 2013
				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 \_\_\_\_\_

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

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

*prints RECEIVED*

Gender:  MALE  FEMALE

Last Name: Marsh First Name: Eric MI: R

Home Address (include PO Box if applicable): 19504 Emile Street

City: Elkhorn County: Douglas Zip Code: 68022

Home Phone Number: (713) 203-5443 Business Phone Number: \_\_\_\_\_

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

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

**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
Elkhorn, NE	2006	Present			
Cypress, TX	2001	2006			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2004	Present	Integrated Enterprise Solutions	Eric F. Marsh	713-203-5443
2001	2004	Weatherford Int.	Craig Scott	713-836-4000

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

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.**

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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).

Getting Started Bar Ownership Workshop #101 Las Vegas, NV - 3/2013



**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)

Office Use

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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: Gregory A. Greder

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

The Club at the Yard, LLC #

LLC Address: 350 Canopy Street, Suite 300

City: Lincoln State: NE Zip Code: 68502

LLC Phone Number: (402) 423-9020 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: Marsh First Name: Eric MI: F

Home Address: 19504 Emile Street City: Elkhorn

State: NE Zip Code: 68022 Home Phone Number: (713) 203-5443

*Eric F. Marsh*

Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Lancaster

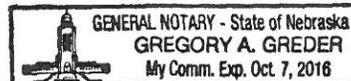
The foregoing instrument was acknowledged before me this

9th of July, 2013

Date

by Eric F. Marsh  
name of person acknowledge

Affix Seal



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

Last Name: Marsh First Name: Eric MI: F *Prints*

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: 90%

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JUL 11 2010

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CONTRACTS  
SECTION

Last Name: Lenahan First Name: Christopher MI: J

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: 10%

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: \_\_\_\_\_