

March 26, 2015

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 Bar at the Yard LLC, DBA Longwell's, 350 Canopy Street, #100, requesting to upgrade their existing class I-104564 liquor license (beer, wine, distilled spirits on-sale only) to a class C-111562 liquor license (beer, wine, distilled spirits, on and off-sale).

The business had one violation on 6-15-2014 for serving an intoxicated person, for which the Nebraska Liquor Control Commission ordered a ten day suspension with an option to pay a fine.

Eric F. Marsh, president of The Bar at the Yard, LLC, has requested that he be approved as the manager of the liquor license. Mr. Marsh is the current manager of record at this location for the class I license and was previously approved by Council.

Mr. Marsh completed the required management training on September 12, 2013.

Since Mr. Marsh's previous approval, there is no change in his criminal and traffic history. He had eight previous traffic related convictions.

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



**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

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

*Replacing
Upgrade
104564*

RECEIVED		RECEIVED	
MAR 09 2015		FEB 17 2015	
NEBRASKA LIQUOR CONTROL COMMISSION			
Hot List: YES / <input checked="" type="radio"/> NO		<input checked="" type="radio"/> New / Replacing #	
Class Type <u>C</u>		111562	
			Initial <u>mp</u>

Applicant name The Bar at the Yard LLC

Trade name LONGWELL'S

Previous trade name N/A

Contact email address lauren@thebarattheyard.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

RECEIPT	DATE <u>2-16-15</u> No. 168305
	FROM <u>The Bar at the Yard</u>
	FOR <u>Retail Application</u>
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>1125</u> <input type="checkbox"/> MONEY# _____ <input type="checkbox"/> ORDER _____
	\$ 400.00
	Received by: <u>LA</u>

Office use only	PAYMENT TYPE <u>C/L #1125</u>
<u>2x \$400</u>	AMOUNT: <u>\$400.00</u>
<u>Ret # 168305</u>	Received: <u>mp</u>
<u>mm</u>	

REC # 168290



RECEIVED
mp

RECEIVED
f2

Eric Marsh

RECEIVED

REQUIRED ATTACHMENTS

MAR 09 2015

Each item must be checked and included with application or marked N/A (not applicable)

NEBRASKA LIQUOR CONTROL COMMISSION

1. N/A Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.

2. OK Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

3. OK Enclose the appropriate application forms;
Individual License (requires insert form 1)
Partnership License (requires insert form 2)
Corporate License (requires insert form 3a & 3c)
Limited Liability Company (LLC) (requires form 3b & 3c)

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4. OK If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for. (lease)

5. N/A If building is owned or being purchased send a copy of the deed or purchase agreement in the name of in name of applicant.

6. N/A If buying the business of a current liquor license holder:
a. Provide a copy of the purchase agreement from the seller (must read applicants name).
b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
c. Enclose a list of the assets being purchased (furniture, fixtures and equipment).

7. N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

8. N/A Enclose a list of any inventory or property owned by other parties that are on the premise.

9. OK For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper (passport)
a. For residency enclose proof of registered voter in Nebraska (voter registration)
b. See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>

10. OK Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode. (articles of incorporation)

11. OK Submit a copy of your business plan. (business plan)

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Eric F.

Signature

10-Feb-15
Date

vd/r state
o resign corp/shares = 100
o resign corp mgr
o # 100 app - rcsignel
? lease comm/term
address
v asc

**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.ne.gov

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NEBRASKA LIQUOR CONTROL COMMISSION	
Class:	License #:

Applicant Name: The Bar at the Yard LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Longwells
(Doing Business As)

(402) 904 - 5283
Phone Number

lauren@thebarattheyard.com
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP 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 will be released to the applicants;
Fingerprint cards should be submitted with the application.
- Fee payment of **\$28.75 per person** must be made directly to the NSP;
You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp or checks made payable to NSP should be mailed directly to the following address:
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
Include a list of names covered by your payment to insure proper application of payment.
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

Name (Print): Eric Fleming Marsh Title: owner
Name (Print): _____ Title: Spouse
Location: The Nebraska State Patrol - CID Division - Lincoln, NE Date 07/09/13
Where fingerprints were taken
PayPort Receipt #: _____ \$ _____ Check Name & No.: Nebraska State Patrol #3012 \$ 38

Name (Print): _____ Title: _____
Name (Print): _____ Title: Spouse
Location: _____ Date MAR 09 2015
Where fingerprints were taken
PayPort Receipt #: _____ \$ _____ Check Name & No.: NEBRASKA LIQUOR CONTROL COMMISSION \$ _____

Name (Print): _____ Title: _____
Name (Print): _____ Title: Spouse
Location: _____ Date _____
Where fingerprints were taken
PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

Name (Print): _____ Title: _____
Name (Print): _____ Title: Spouse
Location: _____ Date _____
Where fingerprints were taken
PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

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 NEBRASKA LIQUOR CONTROL COMMISSION

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #: _____ \$ _____ Check Name & No.: _____ \$ _____

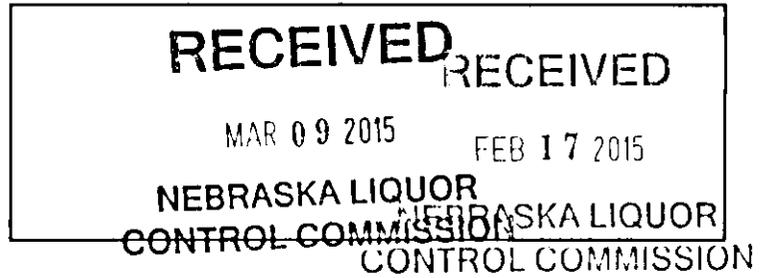
I hereby certify that fees of \$28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): ERIC F. MARSH Title: OWNER

Signature: *Eric F.* Date: 7-10-FEB-15

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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PO BOX 95046
LINCOLN, NE 68509-5046
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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S)

Application Fee \$400 (non refundable)

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)

Commission will call this person with any questions we may have on this application

Name N/A Phone number: _____

Firm Name _____

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PREMISE INFORMATION

Trade Name (doing business as) Longwell's

NEBRASKA LIQUOR CONTROL COMMISSION

Street Address #1 350 CANOPY ST

Street Address #2 #100

City Lincoln

County LANCASTER

Zip Code 68503

Premise Telephone number 402-904-5283

Business e-mail address lauren@mebaratthetard.com

Is this location inside the city/village corporate limits:



YES



NO

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

Name LONGWELL'S

Street Address #1 350 CANOPY ST

Street Address #2 #100

City Lincoln

State NE

Zip Code 68503

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

Building: length 122 x width 58 in feet

Is there a basement? Yes ___ No X If yes, length ___ x width ___ in feet

Is there an outdoor area? Yes X No ___ If yes, length 6 x width 97 in feet

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

License Description

Irregular shaped area approx 122' x 58' on ground level of three story building plus outdoor patio area approx 97' x 6' to the north

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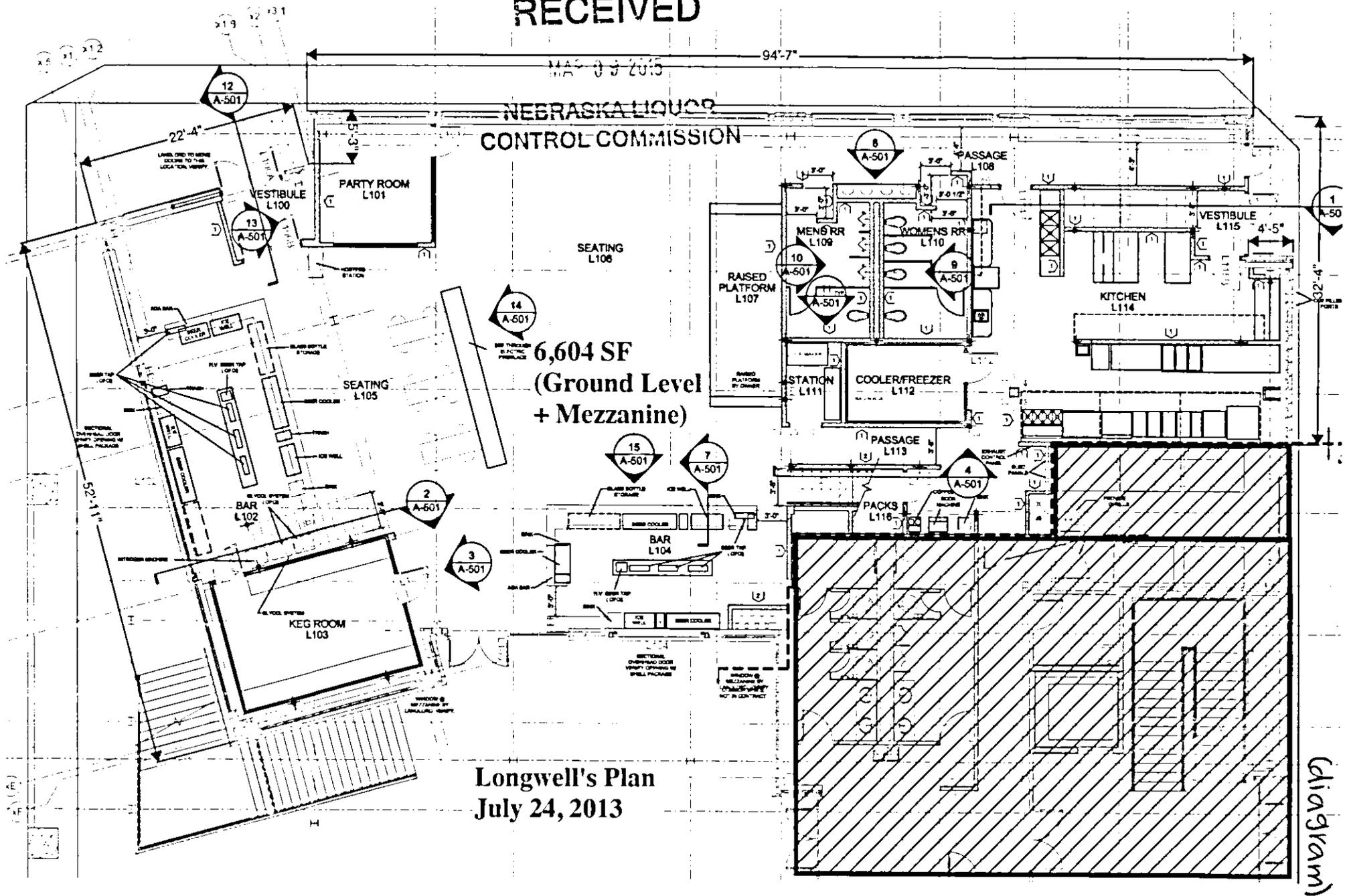
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6,604 SF
(Ground Level
+ Mezzanine)

Longwell's Plan
July 24, 2013

(Diagram)



APPLICANT INFORMATION

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. 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. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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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
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			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 BAR at the Yard LLC, the 104504

4. Are you filing a temporary operating permit (TOP) 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.

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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6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES NO

If yes, explain. (All involved persons must be disclosed on application)

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No silent partners

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7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES NO

If yes, list such item(s) and the owner. _____

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8. Is premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

Nebraska Bank of Commerce - LINCOLN, NE; ERIC F. MARSH

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application.

Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

The BAR at the YARD LLC, 350 CANOPY ST SUITE 100 LICENSE NUMBER 104564
The CLUB at the YARD LLC, 350 CANOPY ST SUITE 306 LICENSE NUMBER 104566

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
ERIC F. MARSH	09/2013	Responsible Hospitality Council Management Training (certificate)

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For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

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Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
		NEBRASKA LIQUOR CONTROL COMMISSION

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

- Lease: expiration date JUNE 6, 2023
- Deed
- Purchase Agreement

14. When do you intend to open for business? Open since April 11, 2014

15. What will be the main nature of business? Restaurant and Bar - upscale

16. What are the anticipated hours of operation? Monday-Sunday 11am-2am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Elkhorn, NE	2006	Present			
Cypress, TX	2001	2006			

If necessary attach a separate sheet.

If necessary attach a separate sheet.

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.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

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Eric F.
Signature of Applicant

Signature of Spouse

Eric F. Marsh
Print Name

Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

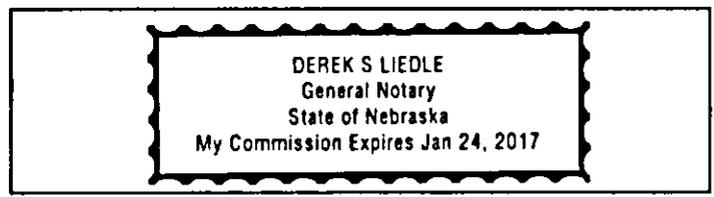
ACKNOWLEDGEMENT

State of Nebraska
County of Douglas County

The foregoing instrument was acknowledged before me this

March 6 2015 by Eric F Marsh
date name of person(S) acknowledged (individual(s) signing)

[Signature]
Notary Public signature



**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

Office Use
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Manager must:

- ✓ • Complete all sections of the application. Be sure it is signed by a **corporate officer**, corporate officer must be an individual on file with the Liquor Control Commission
- ✓ • Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- ✓ • Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- ✓ • Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who **will not** participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

**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

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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. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: The Bar at the Yard, LLC

Premise information

Liquor License Number: 104564 Class Type I (if new application leave blank)

Premise Trade Name/DBA: LONGWELL'S

Premise Street Address: 350 CANOPY ST, SUITE 100

City: Lincoln County: Lancaster Zip Code: 68508

Premise Phone Number: 402-901-5283

Email address: lauren@thebarattheyard.com

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

Eric F.

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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Last Name: MARSH First Name: ERIC MI: F

MAR 09 2015

Home Address (include PO Box if applicable): 19504 EMILE ST

City: Elkhorn County: DOUGLAS NEBRASKA LIQUOR CONTROL COMMISSION

Home Phone Number: 713.203.5443 Business Phone Number: 713.203.5445

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: OMAHA, NE

Email address: eric@thebaratthetard.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES

NO

FEB 17 2015

Spouse's information

NEBRASKA LIQUOR CONTROL COMMISSION

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
Elkhorn, NE	2006	Present			
Cypress, TX	2001	2006			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	Present	LONGWELL'S	Self employed	713-203-5443
2004	Present	INTEGRATED ENTERPRISE SOLUTIONS	Self employed	713-203-5443

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. **RECEIVED**
More than one party, please list charges by each individual's name.

YES NO

MAR 09 2015
 FEB 17 2015

If yes, please explain below or attach a separate page.

NEBRASKA LIQUOR
 CONTROL COMMISSION

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(s):

The Bar at the Yard, LLC; dba LONGWELL'S
The Club at the Yard, LLC; dba BLUE 6

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. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: yes Name on Certificate: Eric Marsh *dl*

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate) (certificates)
Eric F. Marsh	09/2013	Responsible Hospitality Council Management Training
		RECEIVED
		MAR 09 2015
		NEBRASKA LIQUOR CONTROL COMMISSION
		FEB 17 2015

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

NEBRASKA LIQUOR CONTROL COMMISSION

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed Form 147 regarding fingerprints?

YES NO *Previously submitted*

PERSONAL OATH AND CONSENT OF INVESTIGATION

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

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.

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MAR 09 2015

Eric F.

Signature of Manager Applicant

Signature of Spouse

~~NEBRASKA LIQUOR~~
CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

3/6/15

date

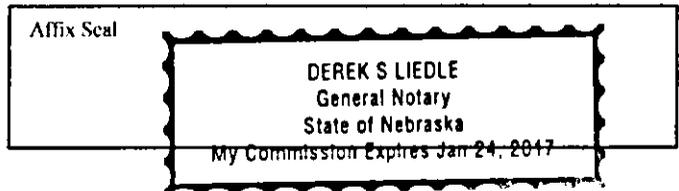
by Eric F Marsh

name of person acknowledged

[Signature]

Notary Public signature

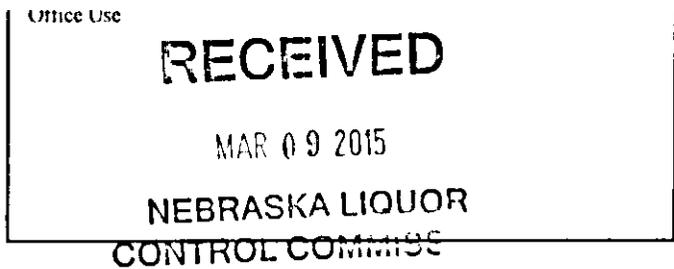
Affix Seal



In compliance with the ADA, this application is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

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. See Form 147 for further information, this form MUST be included with your application.
- 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 (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: Greg Greder, Greder Law

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

The Bar at the Yard, LLC # 10175758

LLC Address: 350 CANOPY ST, SUITE 100

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-904-5283 LLC Fax Number 1800-784-5443

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 EMIRK ST City: EIKHORN

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

Eric F.

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

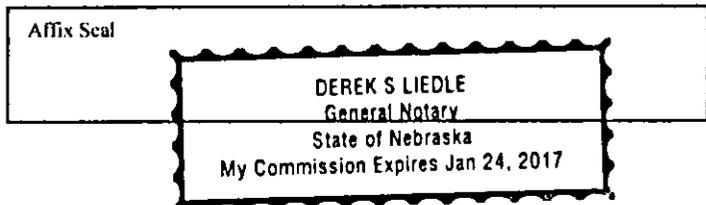
State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

3/6/15
Date

by Eric F Marsh
name of person acknowledge

[Signature]



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

Last Name: MARSH First Name: ERIC MI: F

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: MAR 09 2015 FEB 17 2015

Percentage of member ownership 72% **NEBRASKA LIQUOR CONTROL COMMISSION**

Last Name: VON LOH First Name: JUSTIN MI: R

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): MOLLY MAUREEN VON LOH

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10%

Last Name: WELLS First Name: JAMES MI: L

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 5%

Last Name: MEYSENBURG First Name: JAMES MI: H

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 5%

.....

LIST NAMES OF ALL MEMBERS AND THEIR SPOUSES (EVEN IF A SPOUSAL AFFIDAVIT HAS BEEN SUBMITTED)

Last Name: Buckendahl First Name: Kraig MI: E

Social Security Number: _____ Date of Birth: _____ RECEIVED

Spouse Full Name (indicate N/A if single): HOLLY A BUCKENDAH FEB 17 2015

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 2.5%

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COMMISSION

Last Name: Buckendahl First Name: HOLLY MI: A

Social Security Number: _____ Date of Birth: _____ NEBRASKA LIQUOR COMMISSION

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 2.5%

Last Name: NORGAARD First Name: GREGORY MI: D

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 2%

Last Name: GOEBEL First Name: JAMES MI: L

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 1%

is the applying Limited Liability Company controlled by another corporation/company:

YES

NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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Indicate the company's tax year with the IRS (Example January through December)

MAR 09 2015

Starting Date: January 1st

Ending Date: December 31

NEBRASKA LIQUOR CONTROL COMMISSION

Is this a Non Profit Corporation?

YES

NO

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If yes, provide the Federal ID #. _____

FEB 17 2015

NEBRASKA LIQUOR CONTROL COMMISSION