CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR CHRIS BEUTLER

lincoln.ne.gov

LINCOLN
The Community of Opportunity

December 1, 2009

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 Lincoln Race Course, 1800 State Fair Park requesting a class C/K liquor license.

This location was previously known as Nebraska State Fairgrounds which held a liquor license

Judd Bietz has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Judd Bietz was born in Houston, Texas. He obtained his GED in 1987. Mr. Bietz served in the United States Armed Forces 1988 – 1991 receiving an honorable discharge.

Judd Bietz was employed as the Director of Security for the Nebraska State Fairgrounds 2005 – 2009.

The required training will be completed on January 14th 2010.

Stockholder information has been 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.

THOMAS K. CASADY, Chief of Police

APPLICATION FOR LIQUOR LICENSE

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/

45 days = 1-4-2009

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CONTROL COMMISSION

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)			Application Fee
☐	A	BEER, ON SALE ONLY	$45.00
☐	B	BEER, OFF SALE ONLY	$45.00
☑	C	BEER, WINE & DISTILLED SPIRTS, ON & OFF SALE	$45.00
☐	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	$45.00
☐	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	$45.00
☑		Class K Catering license (requires catering application form)	$100.00

MISCELLANEOUS			Application Fee		Bond Required
☐	L	Craft Brewery (Brew Pub)	$295.00		$1,000 minimum
☐	O	Boat	$ 95.00		none
☐	V	Manufacturer			
	☐	Alcohol & Spirits	$1,045.00		$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$145.00	1 to 100 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$245.00	100 to 150 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$395.00	150 to 200 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$545.00	200 to 300 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$695.00	300 to 400 barrel*	$1,000 minimum
	☐	Beer (excluding produced by a craft brewery)	$745.00	400 to 500 barrel*	$1,000 minimum
☐	W	Wholesale Beer	$545.00		$5,000 minimum
☐	X	Wholesale Liquor	$795.00		$5,000 minimum
☐	Y	Farm Winery	$295.00		$1,000 minimum
☐	Z	Micro Distillery	$295.00		$1,000 minimum

☐ Copy of TTB permit (if applying for L, V, W, X, Y or Z)

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st
All other licenses expire April 30th
Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

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

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION
(commission will call this person with any questions we may have on this application)

Name: Michael Kelley / Sean Kelley Phone number: 402-397-1898

Firm Name: Kelley Governmental Relations, 7140 Pacific Street, Omaha, NE 68106

PREMISE INFORMATION

Trade Name (doing business as) Lincoln Race Course

Street Address #1 1800 State Fair Park

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68508

Premise Telephone number 402-474-5371

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

Mail address (where you want receipt of mail from the commission) city

Name Omaha Exposition & Racing, Inc., Attn: Pat Shefland

Street Address #1 6303 Q Street

Street Address #2

City Omaha State NE Zip Code 68117

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, 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 in situations. 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

see attached

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.

Over the past twenty years, Mr. Bietz has had a few traffic violations consisting of speeding tickets and no-proof of insurance

2. Are you buying the business and/or assets of a licensee?

☐ YES ☑ NO

If yes, give name of business and license number_____

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

☐ YES ☑ NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

☐ YES ☑ NO

If yes, list the lender_____

5. 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._____

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

☐ YES ☑ NO

If yes, list such items and the owner._____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

☐ YES ☑ NO

If yes, explain._____

No silent partners

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

☐ YES ☑ NO

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

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

U.S. Bank; Lincoln, Nebraska; Greg Hosch, Pat Shefland and Judd Bietz

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. Omaha Expo & Racing holds licenses at Horseman's Park, Omaha NE and Atokad Downs, So. Sioux City NE

12. List the 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)
d) Limited Liability Company, manager only (no spouse)

training

Name:	Date:	Where:
Bietz, Judd	2005-2009	Director of Security - Nebraska State Fairgrounds

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 9/30/12
☐ Deed
☐ Purchase Agreement

14. When do you intend to open for business? As soon as license is granted
15. What will be the main nature of business? Simulcast and live horse racing, bar and grill
16. What are the anticipated hours of operation? Mon - Sun 10:00AM - 1:00AM

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO

See attached doc

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

William Clayton Vannoy
Signature of Applicant

Jean Anne Vannoy
Signature of Spouse

Stanley Benis Jr ×
Signature of Applicant

Kathy Benis ×
Signature of Spouse

Danielle K Wasek
Signature of Applicant

Guy C. [illegible]
Signature of Spouse

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Patrick Sheffland
Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this Nov 11, 2009 by

Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

County of Douglas

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Notary Public signature

Affix Seal Here

GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

in compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation 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.

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Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Gerald G McCloud
Signature of Applicant

Cathy McCloud
Signature of Spouse

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Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Douglas

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Notary Public signature

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GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

County of Douglas

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GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

In compliance with the ADA, this manager insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

Earl Baker
Signature of Applicant

Diane L. Baker
Signature of Spouse

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Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this Nov 11, 2009 by

Ginger Guilfoyle
Notary Public signature

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GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

County of Douglas

The foregoing instrument was acknowledged before me this Nov 11, 2009 by

Ginger Guilfoyle
Notary Public signature

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GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

in compliance with the ADA, this manager insert form 3c 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
CATERING LICENSE

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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FEE $100.00

A catering license allows a retail licensee to deliver, sell or dispense alcoholic liquors, including beer, for consumption at a location designated on a Special Designated License (SDL). The catering license is renewed in the same manner and time as the retail license held by the licensee. A licensee shall not cater an event unless a SDL has been obtained. *An applicant seeking a SDL must be filed with the local governing body where the event is to be held at least 21 days prior to the event.* The application must then be filed with the Commission ten working days prior to the event. The local or county approval and law enforcement notification letter must accompany the SDL when submitted to the Commission. The $40 per day license fee is waived for the holder of a catering license and the number of events allowed is unlimited.

CLASS OF LICENSE AND NUMBER —

NAME OF LICENSEE Omaha Exposition & Racing, Inc.

TRADE NAME Lincoln Race Course

PREMISE ADDRESS 1800 State Fair Park

CITY/STATE/ZIP CODE Lincoln NE 68508

A copy of your application for a catering license will be forwarded to the local governing body for recommendation Neb.rev.state., the Liquor Commission shall set for hearing any application receiving local governing body denial, a citizens protest or having statutory problems discovered by the Commission. If the local governing body does not make a recommendation, the Commission may approve or deny the issuance of a license. Catering licenses shall be delivered to the licensee in the same manner as provided in subsection (4) of Neb. rev. state., for delivery of licenses.

William C. Nannoy
Signature of Licensee

Subscribed in my presence and sworn to before me this 11 day of Nov., 2009

GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

Ginger Guilfoyle
Notary Public Signature & Seal

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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NEBRASKA LIQUOR CONTROL COMMISSION

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

1) **Must be a citizen of the United States**
2) **Must be a Nebraska resident (Chapter 2 – 006)**
3) **Must provide a copy of birth certificate, naturalization paper or US passport**
4) **Must submit fingerprints (2 cards per person)**
5) **Must be 21 years of age or older**
6) **Applicant may be required to take a training course**

Voter reg

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Omaha Exposition & Racing, Inc.

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Lincoln Race Course

Premise Street Address: 1800 State Fair Park

City: Lincoln Zip Code: 68508

Premise Phone Number: 402-474-5371

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

William Clayton Vanney

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

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

Gender: ☒ MALE ☐ FEMALE

Last Name: Bietz First Name: Judd MI: A

Home Address (include PO Box if applicable): 338 Blue River lodge

City: Crete State: NE Zip Code: 68333

Home Phone Number: (402) 432-6818 Business Phone Number: (402) 473-4200

Social Security Number: Drivers License Number & State

Date Of Birth: Place Of Birth: Houston TX

Are you married? If yes, complete spouse information even if a spousal waiver 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 AND SPOUSE MUST LIST RESIDENCE FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Crete NE	1995	Present			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2005	2009	Nebraska State Fair	Joseph McDermott	402 474-5371
2008	2009	Lincoln Stars	Jim Dhlug	402-598-9345

Manager and spouse must review and answer the questions below
PLEASE PRINT CLEARLY

1. **READ PARAGRAPH CAREFULLY AND 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.

In the last 20 years or So I have had a few speeding tickets as well as a couple of no-Proof of Insuranc tickets. I currently am Required to have an SR22 until 2-23-10

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES,** list the name of the premise.

☐ YES ☒ NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for $38.00 per person**)

☒ YES ☐ NO prints enclosed

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where) training required

Date:	Where:
2005 - Present	Nebraska State Fairgrounds
	Director of Security

CERTIFICATION OF VITAL RECORD

CITY OF HOUSTON, TEXAS, USA

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NEBRASKA LIQUOR CONTROL COMMISSION

STATE OF TEXAS

CERTIFICATE OF BIRTH

BIRTH NO.

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

1. PLACE OF BIRTH
a. COUNTY: HARRIS
b. CITY OR TOWN [If outside city limits, give precinct no.]: HOUSTON
c. NAME OF HOSPITAL OR INSTITUTION [If not in hospital, give street address]: SHARPSTOWN GENERAL HOSPITAL
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES XX NO

2. USUAL RESIDENCE OF MOTHER [Where does mother live?]
a. STATE: TEXAS
b. COUNTY: HARRIS
c. CITY OR TOWN [If outside city limits, give precinct no.]: HOUSTON
d. STREET ADDRESS [If rural, give location]: 6034 BELLAIRE BLVD.
e. IS RESIDENCE INSIDE CITY LIMITS? YES XX NO
f. IS RESIDENCE ON A FARM? YES NO XX

CHILD

3. NAME [Type or Print] [a] First: JUDD [b] Middle: ALAN [c] Last: BIETZ
4. DATE OF BIRTH
5. SEX: MALE
6a. THIS BIRTH: SINGLE XX TWIN TRIPLET
6b. IF TWIN OR TRIPLET, WAS CHILD BORN: 1st 2nd 3rd

FATHER

7. NAME [a] First: ALLEN [b] Middle: DEE [c] Last: BIETZ
8. COLOR OR RACE: WHITE
9. AGE [At time of this birth]: 23 YEARS
10. BIRTHPLACE [State or foreign country]: NEBRASKA
11a. USUAL OCCUPATION: TEACHER
11b. KIND OF BUSINESS OR INDUSTRY: HOUSTON JUNIOR ACADEMY

MOTHER

12. MAIDEN NAME [a] First: MELODY [b] Middle: LORRAINE [c] Last: CAROON
13. COLOR OR RACE: WHITE
14. AGE [At time of this birth]: 22 YEARS
15. BIRTHPLACE [State or foreign country]: MINNESOTA
16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER [Do NOT include this child]
a. How many OTHER children are now living?: 0
b. How many OTHER children were born alive but are now dead?: 0
c. How many children were born dead [fetal deaths after 20 weeks pregnancy]?: 0

17. INFORMANT: Melody Biet

18. I hereby certify that this child was born alive on the date stated above at 4:56 A m.

19a. ATTENDANT'S SIGNATURE: [signature]
19b. ATTENDANT AT BIRTH: M.D. XX D.O. MIDWIFE OTHER
19c. ATTENDANT'S ADDRESS: 6420 Hillcroft Houston
19d. DATE SIGNED: NOVEMBER 6, 1968

20a. REGISTRAR'S FILE NO.: 68058
20b. DATE REC'D BY LOCAL REGISTRAR: NOV. 15, 1968
20c. REGISTRAR'S SIGNATURE: [signature]

Lisa Akheituame
Lisa Akheituame, Registrar
BUREAU OF VITAL STATISTICS

DATE ISSUED Oct 19, 2009

This is to certify that this is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code of Texas. This copy not valid without engraved border displaying seal and signature of the Registrar.

101940571

STATE OF TEXAS

HEALTH AND HUMAN SERVICES DEPARTMENT VITAL STATISTICS CITY OF HOUSTON

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

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

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

1) **The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)**
2) **All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (Even if a spousal affidavit has been submitted)**

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: William Vannoy

Name of Corporation that will hold license as listed on the Articles

Omaha Exposition & Racing, Inc.

Corporation Address: 6303 Q Street

City: Omaha State: NE Zip Code: 68117

Corporation Phone Number: 402-734-8464 Fax Number 402-731-5416

Total Number of Corporation Shares Issued: N/A

Name and notarized signature of president (Information of president must be listed on following page)

Last Name: Vannoy First Name: William MI: C

Home Address: 6541 Blackstone Road City: Lincoln

State: NE Zip Code: 68526 Home Phone Number: 402-488-9244

William C Vannoy

Signature of president

State of Nebraska
County of Douglas

The foregoing instrument was acknowledged before me this

November 11, 2009 by William Vannoy
date name of person acknowledged

Ginger Guilfoyle

Notary Public signature

Affix Seal Here: GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

signed

Last Name: Vannoy First Name: William MI: C

Social Security Number: Date of Birth

Title: President Number of Shares N/A

Spouse Full Name (indicate N/A if single): Jean Vannoy

signed spousal

Spouse Social Security Number: Date of Birt

Last Name: Hosch First Name: Richelle MI:

signed

Social Security Number: Date of Birth

Title: Secretary Number of Shares N/A

Spouse Full Name (indicate N/A if single): Greg Hosch

signed

Spouse Social Security Numbe Date of Birt

Last Name: Shefland First Name: Patricia MI:

signed

Social Security Number: Date of Birt

Title: Treasurer Number of Shares N/A

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

Spouse Social Security Number: Date of Birth:

Last Name: Benis First Name: Stan MI:

signed

Social Security Number: Date of Birth:

Title: Director Number of Shares N/A

Spouse Full Name (indicate N/A if single): KATHY BENIS

signed spousal

Spouse Social Security Number: Date of Birth:

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

signed

Last Name: McCloud First Name: Gene MI:

Social Security Number: Date of Birth:

Title: ~~Director~~ Vice President Number of Shares N/A

signed spousal

Spouse Full Name (indicate N/A if single): CATHY McCLOUD

Spouse Social Security Number: Date of Birth:

---

signed

Last Name: Baker First Name: Earl MI:

Social Security Number: Date of Birth:

Title: Director Number of Shares N/A

spousal signed

Spouse Full Name (indicate N/A if single): Diane Baker

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Title: Number of Shares

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

Spouse Social Security Number: Date of Birth:

Last Name: First Name: MI:

Social Security Number: Date of Birth:

Title: Number of Shares

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

Spouse Social Security Number: Date of Birth:

Is the applying Corporation controlled by another Corporation?

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NEBRASKA LIQUOR CONTROL COMMISSION

☐ YES ☑ NO

If yes, provide the name of corporation and supply an organizational chart

---

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

Starting Date: 1/1/09 Ending Date: 12/31/09

Is this a Non-Profit Corporation?

☐ YES ☑ NO

If yes, provide the Federal ID #.

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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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NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Jean Anne Vannoy
Signature of spouse asking for waiver
(Spouse of individual listed below)

JEAN ANNE VANNOY
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov 11, 2009
date

by _____
name of person acknowledged

Ginger Guilfoyle
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

William Clayton Vannoy
~~WILLIAM CLAYTON VANNOY~~
Signature of individual involved with application
(Spouse of individual listed above)

WILLIAM CLAYTON VANNOY
Printed name of applying individual

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov 11, 2009
date

by _____
name of person acknowledged

Ginger Guilfoyle
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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Gregory C. Hosch
Signature of spouse asking for waiver
(Spouse of individual listed below)

Gregory C. Hosch
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov. 11, 2009
date

by
name of person acknowledged

Ginger Guilfoyle
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Richelle L. Hosch
Signature of individual involved with application
(Spouse of individual listed above)

Richelle L. Hosch
Printed name of applying individual

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov. 11, 2009
date

by
name of person acknowledged

Ginger Guilfoyle
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

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Revised 1/2008

Print Form

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x Kathy Benis
Signature of spouse asking for waiver
(Spouse of individual listed below)

Kathy Benis
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov 11, 2009
date

by _____
name of person acknowledged

Notary Public signature

Affix Seal GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

x Stanley Benis Jr.
Signature of individual involved with application
(Spouse of individual listed above)

Stanley Benis Jr
Printed name of applying individual

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov. 11, 2009
date

by _____
name of person acknowledged

Notary Public signature

Affix Seal GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

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Cathy McCloud
Signature of spouse asking for waiver
(Spouse of individual listed below)

Cathy McCloud
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov 11, 2009
date

by _____
name of person acknowledged

Ginger Guilfoyle
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Gerald G McCloud
Signature of individual involved with application
(Spouse of individual listed above)

Gerald G McCloud
Printed name of applying individual

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov 11, 2009
date

by _____
name of person acknowledged

Ginger Guilfoyle
Notary Public signature

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GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

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Diane L. Baker
Signature of spouse asking for waiver
(Spouse of individual listed below)

DIANE L. BAKER
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov 11, 2009
date

by _____
name of person acknowledged

Ginger Guilfoyle
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Earl Baker
Signature of individual involved with application
(Spouse of individual listed above)

EARL BAKER
Printed name of applying individual

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

Nov 11, 2009
date

by _____
name of person acknowledged

Ginger Guilfoyle
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
GINGER GUILFOYLE
My Comm. Exp. Aug. 15, 2011

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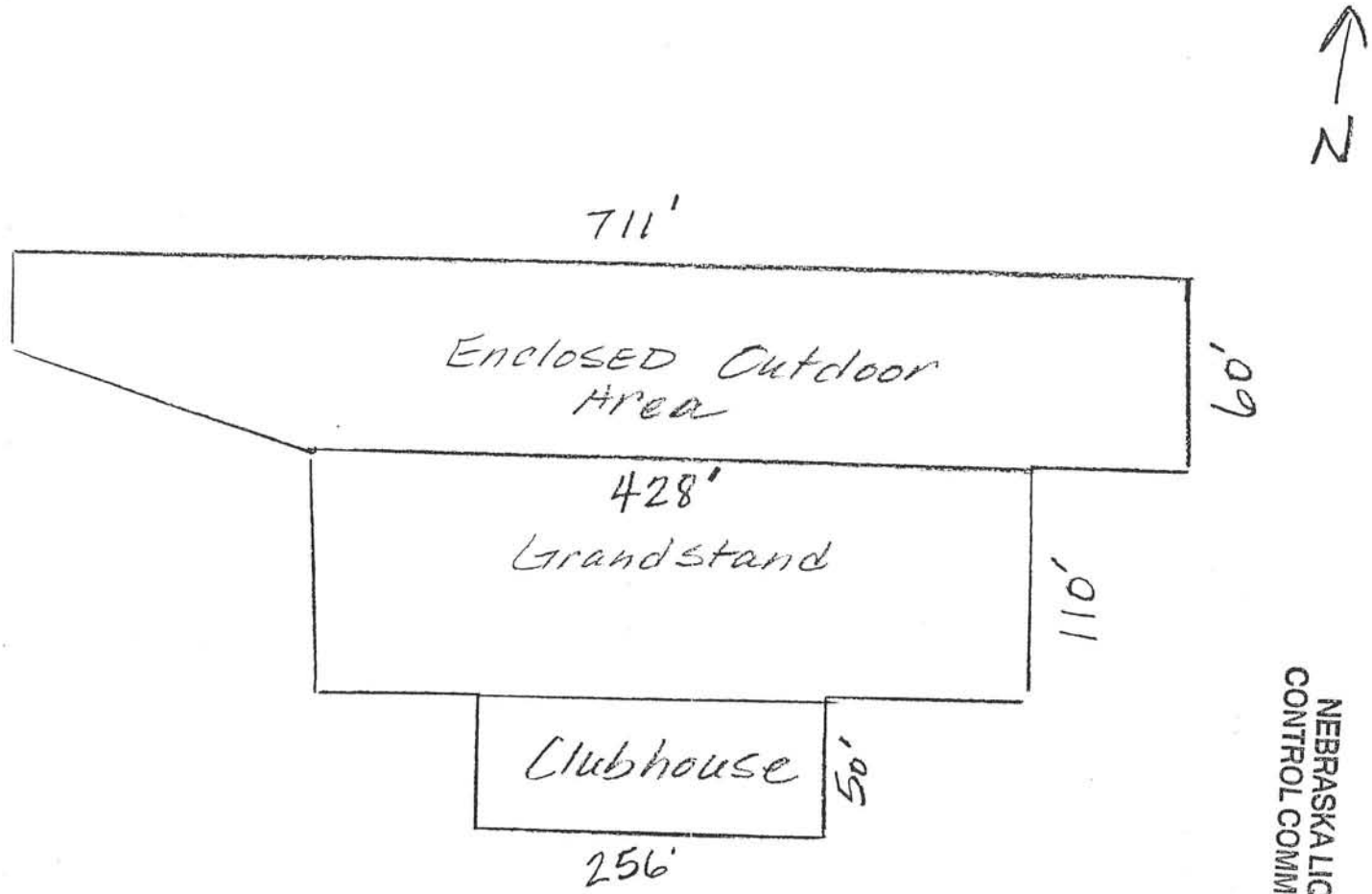

Clubhouse is one floor. Outdoor area is completely fenced in. Clubhouse, grandstand and outdoor area to be licensed.

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NEBRASKA LIQUOR CONTROL COMMISSION

Monday, November 23, 2009

~~Mary~~ Jackie

I had forgotten to put on my application that back on July 12, 1988 I liberated a cat from the Humane Society. They wouldn't sell it to me because it was going to be euthanized. As any other stupid 19 year old, I convinced one of the kids that worked there to smuggle the cat outside for me. Needless to say, I was hunted down with fervor and ticket for disturbing the peace and receiving stolen goods. I apologize for not getting this on the application; it was so far back, I had assumed I did pretrial diversion on these charges. In my old age it was just something I had forgotten (or wanted to).

Sincerely,

Judd Bietz

Lincoln Race Course