



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

January 27, 2010

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 BIU 105, 105 North 8th Street requesting a class C liquor license.

This location will specialize in wine sales.

Steven Blazek, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Steven Blazek was born in Lincoln, Nebraska. He attended Lincoln High School graduating in 1973.

Mr. Blazek has been employed by Quail Distributing since 2000.

The required training will be completed on March 11, 2010

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



A nationally accredited law enforcement agency

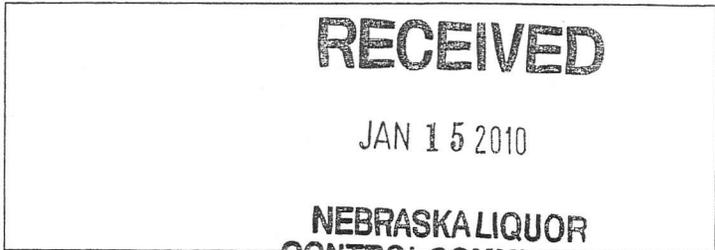


APPLICATION FOR LIQUOR LICENSE

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

FILED

JAN 21 2010



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

RETAIL LICENSE(S)

<input type="checkbox"/>	A	BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B	BEER, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	C	BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D	BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	I	BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>		Class K Catering license (requires catering application form)	\$100.00

45 = 3/5/10

MISCELLANEOUS

		<u>Application Fee</u>	<u>Bond Required</u>	
<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O	Boat	\$ 95.00	none
<input type="checkbox"/>	V	Manufacturer		
<input type="checkbox"/>		Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$145.00	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$245.00	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$395.00	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$545.00	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$695.00	\$1,000 minimum
<input type="checkbox"/>		Beer (excluding produced by a craft brewery)	\$745.00	\$1,000 minimum
<input type="checkbox"/>	W	Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X	Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y	Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z	Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>		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 Darrell Stock Phone number: 402-474-8890
 Firm Name Darrell K Stock PCLLO Steve Harek Cell# 610-1119

PREMISE INFORMATION

Trade Name (doing business as) Biu 105

Street Address #1 105 No. 8th Suite 101

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number No phone yet

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

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

Name Biu 105, Inc.

Street Address #1 3636 So. 37th St.

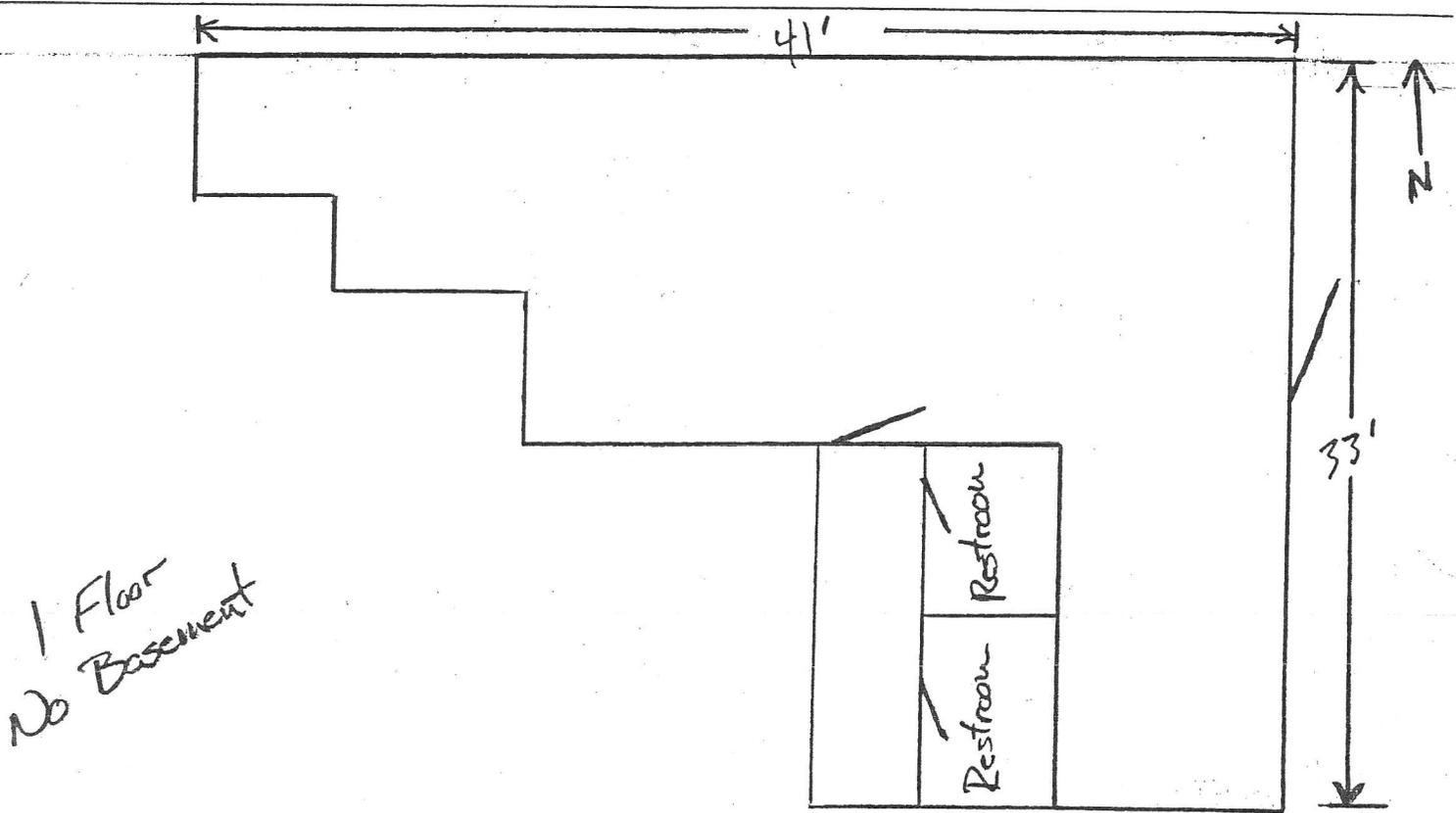
Street Address #2 _____

City Lincoln State NE Zip Code 68506

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



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.

Steve Blazek - Disturbing the peace - 3-26-73 / Disposition 12-17-73 \$100 fine

Steve Blazek - Various traffic violations

RECEIVED

Rajina Blazek - Various traffic violations

JAN 15 2010

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

YES NO

If yes, give name of business and license number _____

NEBRASKA LIQUOR CONTROL COMMISSION

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 _____

Midwest Bank

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 your 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.

Midwest Bank Steve Blazek, Regina Blazek

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.

N/A Epicure Deli Nashville, TN 1991 Sold location

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)

Name:	Date:	Where:
<u>Quail Dist. Co.</u>	<u>2001-Present</u>	<u>Omaha, NE.</u>
<u>Sterling Dist. Co.</u>	<u>1994-2001</u>	<u>Omaha, NE.</u>
<u>Finnercaro Wine Co.</u>	<u>1992-1994</u>	<u>Omaha, NE.</u>

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 2-28-2015
- Deed
- Purchase Agreement

14. When do you intend to open for business? 3-1-2010

15. What will be the main nature of business? Retail Wine Sales

16. What are the anticipated hours of operation? 10am-7pm Mon-Thurs 10am-9pm Fri-Sat Closed Sunday

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
<u>3636 So. 37th St.</u>			<u>Same</u>		
<u>Lincoln, NE 68506</u>	<u>1992</u>	<u>Present</u>			

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.



Signature of Applicant



Signature of Spouse

RECEIVED

Signature of Applicant

Signature of Spouse

JAN 15 2010

Signature of Applicant

Signature of Spouse

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Signature of Applicant

Signature of Spouse

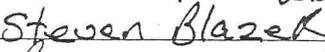
Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

County of _____

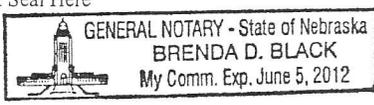
The foregoing instrument was acknowledged before me this 15th day of January by Steven Blazek
2010


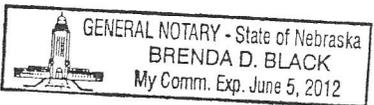

Notary Public signature

The foregoing instrument was acknowledged before me this 15th day of January by Regina Blazek
2010



Notary Public signature

Affix Seal Here


Affix Seal Here


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 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

Office Use

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: Darrell K. Stock

RECEIVED

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

JAN 15 2010

Biu 105, Inc.

NEBRASKA LIQUOR CONTROL COMMISSION

Corporation Address: 3636 So. 37th St.

City: Lincoln State: NE Zip Code: 68506

Corporation Phone Number: 402-2189-3998 Fax Number: _____

Total Number of Corporation Shares Issued: _____

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

Last Name: Blazek First Name: Steven MI: L.

Home Address: 3636 So. 37th St. City: Lincoln

State: NE Zip Code: 68506 Home Phone Number: 402-2189-3998

[Handwritten Signature]

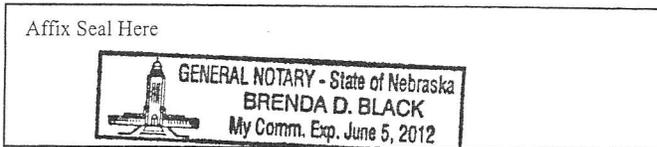
Signature of president

County of Lancaster

The foregoing instrument was acknowledged before me this January 15, 2010 by

[Handwritten Signature]

Notary Public signature



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

Last Name: Blazek First Name: Steven MI: L.

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares: 6,000

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

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: _____

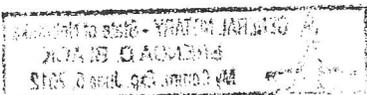
Last Name: _____ First Name: _____ MI: _____

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?

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: January 201 Ending Date: December 31

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

**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

RECEIVED

JAN 15 2010

**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

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Bin 105, Inc.

Premise information

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

Premise Trade Name/DBA: Bin 105

Premise Street Address: 105 N. 8th St. Suite 101

City: Lincoln Zip Code: 68508

Premise Phone Number: _____

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.



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Blazek First Name: Steven MI: L.

Home Address (include PO Box if applicable): 3636 So. 37th St.

City: Lincoln State: NE Zip Code: 68506

Home Phone Number: 402-489-3998 Business Phone Number: 402-610-1119 *cell*

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

Date Of Birth: _____ Place Of Birth: Lincoln, 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: Blazek First Name: Regina MI: A.

Social Security Number: _____ Drivers License Number & State _____

Date Of Birth: _____ Place Of Birth: Huntington, WV.

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
<u>3636 So. 37th St</u>		<u>Same</u>	
<u>Lincoln, NE</u>	<u>1992 Present</u>		

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>2001 Present</u>	<u>Quail Dist. Co.</u>	<u>Bob Ryan</u>	<u>402-926-2395</u>
<u>1994 2001</u>	<u>Sterling Dist. Co.</u>	<u>Gene Pace</u>	<u>402-339-2300</u>

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.

Steve Blazek - Disturbing the peace - 3-26-73 / Disposition 12-17-73 \$100⁰⁰ Fine

Steve Blazek - Various traffic violations

Regina Blazek - Various traffic violations

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 Epicurean Deli - Nashville, TN.

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

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

Date:	Where:
2001-Present	Quail Dist. Co.
1994-2001	Sterling Dist. Co.
1992-1994	Finnocern Wine Co.

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.

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.



Signature of Manager Applicant



Signature of Spouse

State of Nebraska

County of Lancaster

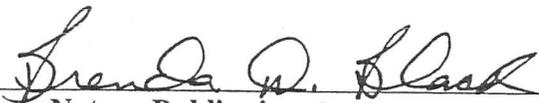
County of Lancaster

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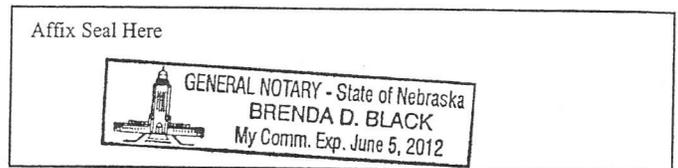
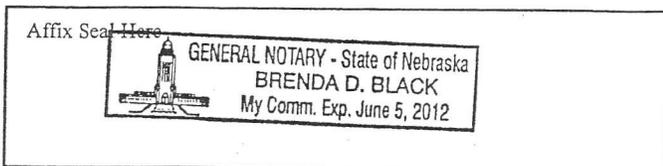
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Notary Public signature



Notary Public signature



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Revised 9/2008

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

RECEIVED

JAN 15 2010

DATE OF ISSUANCE
FEB 25 2000
LINCOLN, NEBRASKA

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

NEBRASKA LIQUOR
CONTROL COMMISSION

PHS-796 (VS)
REV. 4-48
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics
CERTIFICATE OF LIVE BIRTH BIRTH NO. 126.....

54

1. PLACE OF BIRTH a. COUNTY <u>Lancaster</u>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <u>Nebraska</u> b. COUNTY <u>Lancaster</u>	
b. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>		c. CITY (If outside corporate limits, write RURAL) OR TOWN <u>Lincoln</u>	
c. FULL NAME OF (If NOT in hospital or institution, give street HOSPITAL OR INSTITUTION <u>Lincoln General</u> address or location)		d. STREET ADDRESS (If rural, give location) <u>2425 So. 33</u>	
3. CHILD'S NAME a. (First) <u>Steven</u> b. (Middle) <u>Louis</u> c. (Last) <u>Blazek</u> (Type or print)			
4. SEX <u>Male</u>	5a. THIS BIRTH Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) <u>12-4-22</u>
FATHER OF CHILD			
7. FULL NAME a. (First) <u>Leroy</u> b. (Middle) <u>W.</u> c. (Last) <u>Blazek</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (At time of this birth) <u>36</u> Yrs.	10. BIRTHPLACE (City, town, or county) (State or foreign country) <u>Lincoln, Nebr.</u>	11a. USUAL OCCUPATION <u>6</u>	11b. KIND OF BUSINESS OR INDUSTRY <u>State Motor Vehicle Dept.</u>
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) <u>Greta</u> b. (Middle) <u>Marcella</u> c. (Last) <u>Reed</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (At time of this birth) <u>36</u> Yrs.	15. BIRTHPLACE (City, town or county) (State or foreign country) <u>York, Nebr.</u>	16. Children Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? <u>2</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many children were stillborn (born dead after 20 weeks pregnancy)? <u>0</u>	
17. INFORMANT'S SIGNATURE OR NAME—Relationship <u>Greta R. Blazek</u> Mother			
I hereby certify that this child was born alive on the date stated above at <u>6:43</u> a.m.		18a. SIGNATURE <u>Samuel J. Stein</u>	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other (Specify)
18c. ADDRESS <u>Lincoln, Nebr.</u>		19. MOTHER'S MAILING ADDRESS <u>Mrs. Leroy Blazek</u> <u>2425 So. 33</u> <u>Lincoln, Nebr.</u>	
20. DATE REC'D BY LOCAL REG. <u>NOV 3 1954</u>	21. REGISTRAR'S SIGNATURE <u>James Gorge</u>		

WEST VIRGINIA STATE DEPARTMENT OF HEALTH—DIVISION OF VITAL STATISTICS

Dist. No. 968

CERTIFICATE OF LIVE BIRTH BIRTH NO. 147-

862

Serial No. 28

1. NAME (Type or print)			(First)	(Middle)	(Last)
Regina			Ann	Tweel	
2. PLACE OF BIRTH			3. USUAL RESIDENCE OF MOTHER (Where does mother live?)		
a. COUNTY Cabell			a. STATE W. Va. b. COUNTY Cabell		
b. CITY, TOWN, OR LOCATION			c. CITY, TOWN, OR LOCATION		
Huntington			Huntington		
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)			d. STREET ADDRESS		
Cabell-Huntington Hospital			900 10th Avenue		
d. IS PLACE OF BIRTH INSIDE CITY LIMITS?			e. IS RESIDENCE INSIDE CITY LIMITS?		f. IS RESIDENCE ON A FARM?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. SEX	5a. THIS BIRTH	5b. If Twin or Triplet, Was Child Born		6. DATE OF BIRTH	
Female	Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>	1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>	(Month) (Day) (Year)		
FATHER	7. NAME (First) (Middle) (Last)			8. COLOR OR RACE	
	Naseeb Simon Tweel			White	
MOTHER	9. AGE (At time of this birth)	10. BIRTHPLACE (State or foreign country)	11a. USUAL OCCUPATION	11b. Kind of Business or Industry	
	1] YEARS	W. Va.	Station Manager	Radio Station	
12. MAIDEN NAME (First) (Middle) (Last)			13. COLOR OR RACE		
Muriel Jean Caldwell			White		
14. AGE (At time of this birth)		15. BIRTHPLACE (State or foreign country)	16. Previous Deliveries to Mother (Do NOT include this birth)		
36 YEARS		W. Va.	a. How many OTHER children are now living?	b. How many OTHER children were born alive but are now dead?	c. How many fetal deaths (fetuses born dead at ANY time after conception)?
17. INFORMANT			1	0	2
18. MOTHER'S MAILING ADDRESS			Same as above		
I hereby certify that this child was born alive on the date stated above at	18a. SIGNATURE		18b. ATTENDANT AT BIRTH		OTHER (Specify)
	<i>[Signature]</i>		M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/>		
16a. M.E.S.T.	18c. ADDRESS		18d. DATE SIGNED		
3:16	1225-6th Avenue, Huntington, W. Va.		1-14-03		
19. DATE REC'D BY LOCAL REG.		20. REGISTRAR'S SIGNATURE		21. DATE ON WHICH GIVEN NAME ADDED	
2-3-63		<i>[Signature]</i>		By (Registrar)	

I hereby certify that the above is a true photographic copy of a record filed with the Vital Registration Office, Bureau for Public Health, Charleston, West Virginia.

Witness my hand and seal this third day of August 1999.

[Signature]

Gary L. Thompson, State Registrar

RECEIVED

JAN 15 2010

NEBRASKA LIQUOR CONTROL COMMISSION