

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

April 16, 2012

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 Parks Center Banquet Hall, 2608 Park Boulevard requesting a class I liquor license.

This location previously held a liquor license.

Joel Schossow, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as the applicant is a previously approved liquor license manager.

The required training has not yet been completed.

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.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



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.

see attached

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
			<i>Other Speeding tickets</i>	

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 - *there was a license prior to 2 years ago*

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____

PREMISE INFORMATION

Trade Name (doing business as) Park Centers Banquet Hall

Street Address #1 2608 Park Blvd

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68502

Premise Telephone number 402-440-1513

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

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

Name Park Centers Banquet Hall

Street Address #1 2608 Park Blvd.

Street Address #2 _____

City Lincoln State NE Zip Code 68502

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

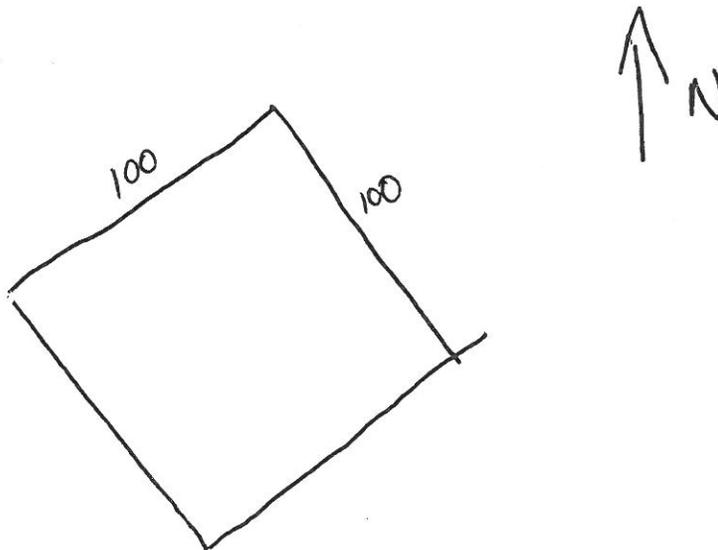
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 100 feet
Width 100 feet

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



Single Story
No Basement



RECEIVED

Driver and Vehicle Records Division
301 Centennial Mall South, P.O. Box 94789
LINCOLN, NEBRASKA 68509-4789
(402) 471-3918
Fax (402) 471-8694

APR 11 2012

COMPLETE ABSTRACT OF RECORDS NEBRASKA LIQUOR CONTROL COMMISSION Print Date: 04/04/2012 Page: 01 of 02

JOEL W SCHOSSOW

NEBRASKA LIQUOR CONTROL COMMISSION

Driver License:

JOEL W SCHOSSOW
6772 WILD RYE RD
LINCOLN NE 68521
Resident County: 02

DOB:
Gender: M Race: W
Height: 6'01" Weight: 190
Eyes: BLU Hair: BRO

Status: VALID

DLN/Permit/ID Card:
Issue County: 02
Restrictions: B

License Class: 0
Issued: 11-30-2010

Expir:
Endorsements:

Previous DLN: KS 11-28-2005

-- CONVICTION/ADMINISTRATIVE ADJUDICATIONS --

NEGLIGENT DRIVING

Citation: 07-29-2011 Judgment: 08-17-2011 COUNTY COURT LINCOLN NE
Points: 3
Loc: C02TR110015283 Cit: LB271543
Statute/Ord: 10.14.290A

NO OCCUPANT PROTECTION SYSTEM

Citation: 07-15-2010 Judgment: 08-02-2010 COUNTY COURT LINCOLN NE
Points: 0
Loc: C02TR100014241 Cit: LB246185
Statute/Ord: 10.14.365

SPEEDING 16-35 MPH MUNICIPAL

47/30
Citation: 07-15-2010 Judgment: 08-02-2010 COUNTY COURT LINCOLN NE
Points: 3
Loc: C02TR100014241 Cit: LB246185
Statute/Ord: 10.14.250D

SPEEDING 11-15 MPH COUNTY/STATE

73/60
Citation: 06-19-2009 Judgment: 07-31-2009 COUNTY COURT AUBURN NE
Points: 2
Loc: C44TR090000973 Cit: PA3452533
Statute/Ord: 60-6,186E1

SPEEDING 1-10 MPH COUNTY/STATE

73/65
Citation: 03-05-2008 Judgment: 04-17-2008 COUNTY COURT NEBRASKA CITY NE
Points: 1
Loc: C11TR080000740 Cit: PA3292175
Statute/Ord: 60-6,186D2

SPEEDING 11-15 MPH INTERSTATE

70/55
Citation: 02-22-2008 Judgment: 03-18-2008 COUNTY COURT LINCOLN NE
Points: 2
Loc: C02TR080005911 Cit: PA3256354
Statute/Ord: 60-6,186H1

DRIVING DURING SUSPENSION

Citation: 02-04-1994 Judgment: 02-23-1994 COUNTY COURT KEARNEY NE
Points: 0 Probation - 3 MONTHS Release: 05-23-1994
Cit: 2985146



Driver and Vehicle Records Division
 301 Centennial Mall South, P.O. Box 94789
 LINCOLN, NEBRASKA 68509-4789
 (402) 471-3918
 Fax (402) 471-8694

COMPLETE ABSTRACT OF RECORD

Print Date: **04/04/2012** Page: **02 of 02**

JOEL W SCHOSSOW

Driver License:

*****6S9*****

RECEIVED

APR 11 2012

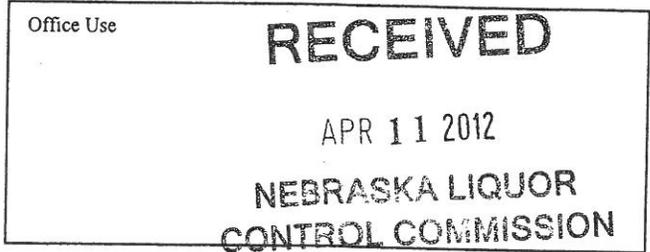
NEBRASKA LIQUOR
CONTROL COMMISSION

This is to certify that the above is a true and correct abstract of the operating record of the above-named individual as contained in our files. Any entry for an accident which may appear above is for statistical purposes only and does not indicate a determination of fault.

Betty Johnson
Driver and Vehicle Records Division

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 (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office) ✓

Name of Registered Agent: ~~Bison Courtside, LLC~~ William McGinn

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

LLC Address: 14445 West 121st Terrace

City: Olathe State: KS Zip Code: 66062

LLC Phone Number: 402-440-1513 LLC Fax Number

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Schossow First Name: Joel MI: W

Home Address: 6772 Wildaye Rd City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-570-4406

J Schossow

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Nebraska

04.05.12

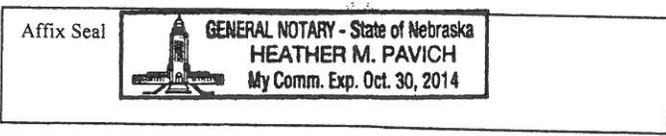
Date

The foregoing instrument was acknowledged before me this

by Heather M. Pavich

name of person acknowledge

Heather M. Pavich



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

Last Name: Schossow First Name: Joel MI: W
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Heather R Schossow
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 50%

Spouse full
on spousal affidavit

Last Name: Schossow First Name: Heather MI: R
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Joel W Schossow
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 0%

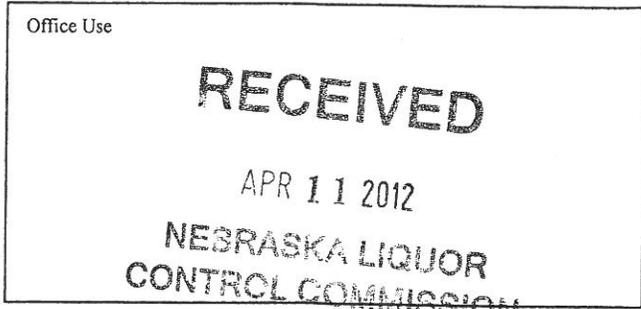
Last Name: Davis First Name: Sean MI: A
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Christine Davis
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 50%

Spouse full
on spousal affidavit

Last Name: ~~Christine~~ Davis First Name: Christine MI: E
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Sean Davis
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 0%

**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



Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (unless a non-participating spouse) (2 cards per person) and fees of \$38 per person, made payable to Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) May be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Bison Courtside, LLC

Premise information

Premise License Number: N/A
(if new application leave blank)

Premise Trade Name/DBA: Park Centers Banquet Hall

Premise Street Address: 2008 Park Blvd

City: Lincoln State: NE Zip Code: 68502

Premise Phone Number: 402-440-1513

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



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

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Schossow First Name: Joel MI: W

Home Address (include PO Box if applicable): 6772 Wildrye Rd

City: Lincoln County: Lancaster Zip Code: 68521

Home Phone Number: 402-570-4406 Business Phone Number: 402-440-1513

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

Date Of Birth: _____ Place Of Birth: Pocahontas, IA

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: Schossow First Name: Heather MI: R

Social Security Num _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: St Paul, NE

filed off.

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
Lincoln, NE	2005	present	Lincoln, NE	2005	present
Lenexa, KS	2000	2005	Lenexa, KS	2000	2005

STATE OF IOWA

RECEIVED

APR 11 2012

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF IOWA
DEPARTMENT OF HEALTH
CERTIFICATE OF LIVE BIRTH

114

CHILD NAME 1. Joel William Schossaw		DATE OF BIRTH (MONTH, DAY, YEAR) 2. _____		HOUR 3. 9:27p	
SEX 4. Male	TYPE BIRTH—single, twin, triplet, etc. (SPECIFY) 5. Single		IF NOT SINGLE BIRTH—first, second, third, etc. (SPECIFY) 6. _____		COUNTY OF BIRTH 7. Pocahontas
CITY, TOWN, OR LOCATION OF BIRTH 8. Pocahontas		INSIDE CITY LIMITS (SPECIFY YES OR NO) 9. Yes	HOSPITAL—NAME 10. Pocahontas Community Hospital		
MOTHER—MAIDEN NAME 11. Bonita Ann Beekman		AGE (AT TIME OF THIS BIRTH) 12. 23		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 13. Iowa	
RESIDENCE—STATE 14. Iowa	COUNTY 15. Pocahontas	CITY, TOWN, OR LOCATION 16. Pocahontas		STREET AND NUMBER 17. 15 1st Ave. N.E.	
FATHER—NAME 18. Cecil William Schossaw, Jr.		AGE (AT TIME OF THIS BIRTH) 19. 23		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 20. Iowa	
INFORMANT 21. Cecil W. Schossaw, Jr.		DATE SIGNED (MONTH, DAY, YEAR) 22. _____		ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY) 23. M. D.	
SIGNATURE CERTIFIER—NAME 24. John M. Rhodes, M.D.		MAILING ADDRESS 25. Pocahontas, Iowa		DATE RECEIVED BY LOCAL REGISTRAR 26. October 8, 1969	
REGISTRAR—SIGNATURE 27. Paul J. Peterson					

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 Chapter 144, Code of Iowa.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

APR 12 2005

DATE ISSUED
S0745702

FORM #588-0328S (01/2005)

Thomas J. Vilsack

GOVERNOR, STATE OF IOWA
Sally J. Pederson, Lt. Governor

Gene L. France
DEPUTY STATE REGISTRAR

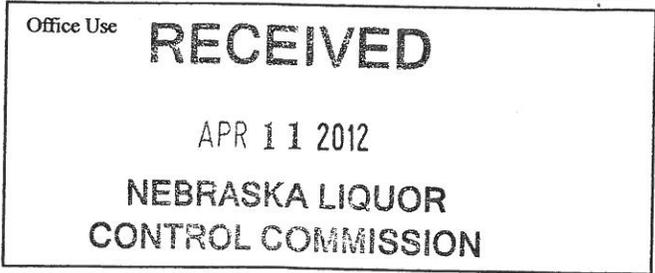


WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



**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



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.

Heather R. Schossow
Signature of spouse asking for waiver
(Spouse of individual listed below)

Heather Schossow
Printed name of spouse asking for waiver

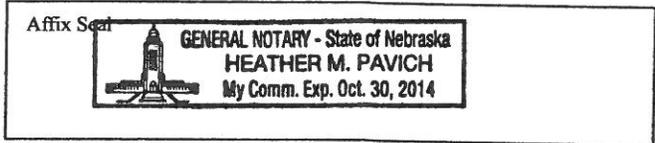
State of Nebraska

County of Lancaster

04-05-12
date

The foregoing instrument was acknowledged before me this
by Heather M Pavich
name of person acknowledged

Heather M Pavich
Notary Public signature



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.

Joel Schossow
Signature of individual involved with application
(Spouse of individual listed above)

Joel Schossow
Printed name of applying individual

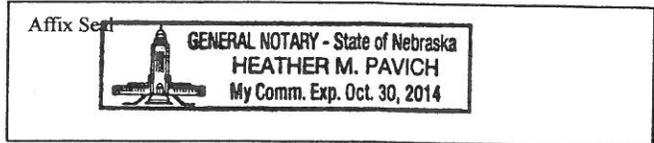
State of Nebraska

County of Lancaster

04-05-12
date

The foregoing instrument was acknowledged before me this
by Heather M Pavich
name of person acknowledged

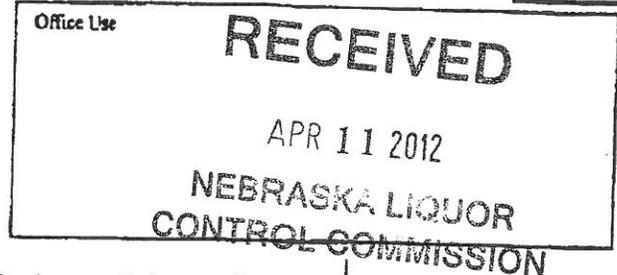
Heather M. Pavich
Notary Public signature



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.

**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



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.

Christine Davis

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

CHRISTINE DAVIS

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

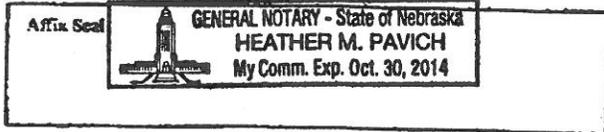
04-05-12
date

The foregoing instrument was acknowledged before me this

by Heather M Pavich
name of person acknowledged

Heather M Pavich

Notary Public signature



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.

Sean Davis

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

SEAN DAVIS

Printed name of applying individual

State of Nebraska

County of Lancaster

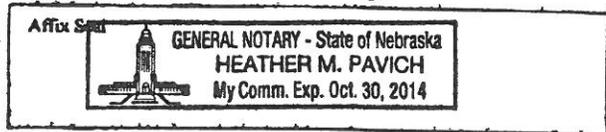
04-05-12
date

The foregoing instrument was acknowledged before me this

by Heather M Pavich
name of person acknowledged

Heather M Pavich

Notary Public signature



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.