

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

September 24, 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 Courtyard by Marriott, 808 'R' Street requesting a class C liquor license.

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

Background information on the applicant is as follows:

Eric Groff was born in Cedar Rapids, Iowa. He attended Central City High School in Iowa graduating in 1979.

Mr. Groff served in The United States Armed Forces 1979-1983 receiving an honorable discharge.

Eric Groff employment history is as follows:

Present	Manager, Courtyard by Marriott	Lincoln, NE.
1993 - 2012	Embassy Suite	Lincoln, NE.

The required training will be completed on November 18<sup>th</sup> 2012.

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



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PREMISE INFORMATION

Trade Name (doing business as) Courtyard by Marriott SEP 11 2012

Street Address #1 808 R Street

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

City Lincoln County Lancaster Zip Code 68508

Premise Telephone number (402) 904-4800

Is this location inside the city/village corporate limits: cell 402/730-8256 John  YES  NO

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

Name Block 21 L.L.C. d.b.a. Courtyard by Marriott

Street Address #1 808 R Street

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

City Lincoln State NE Zip Code 68508

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

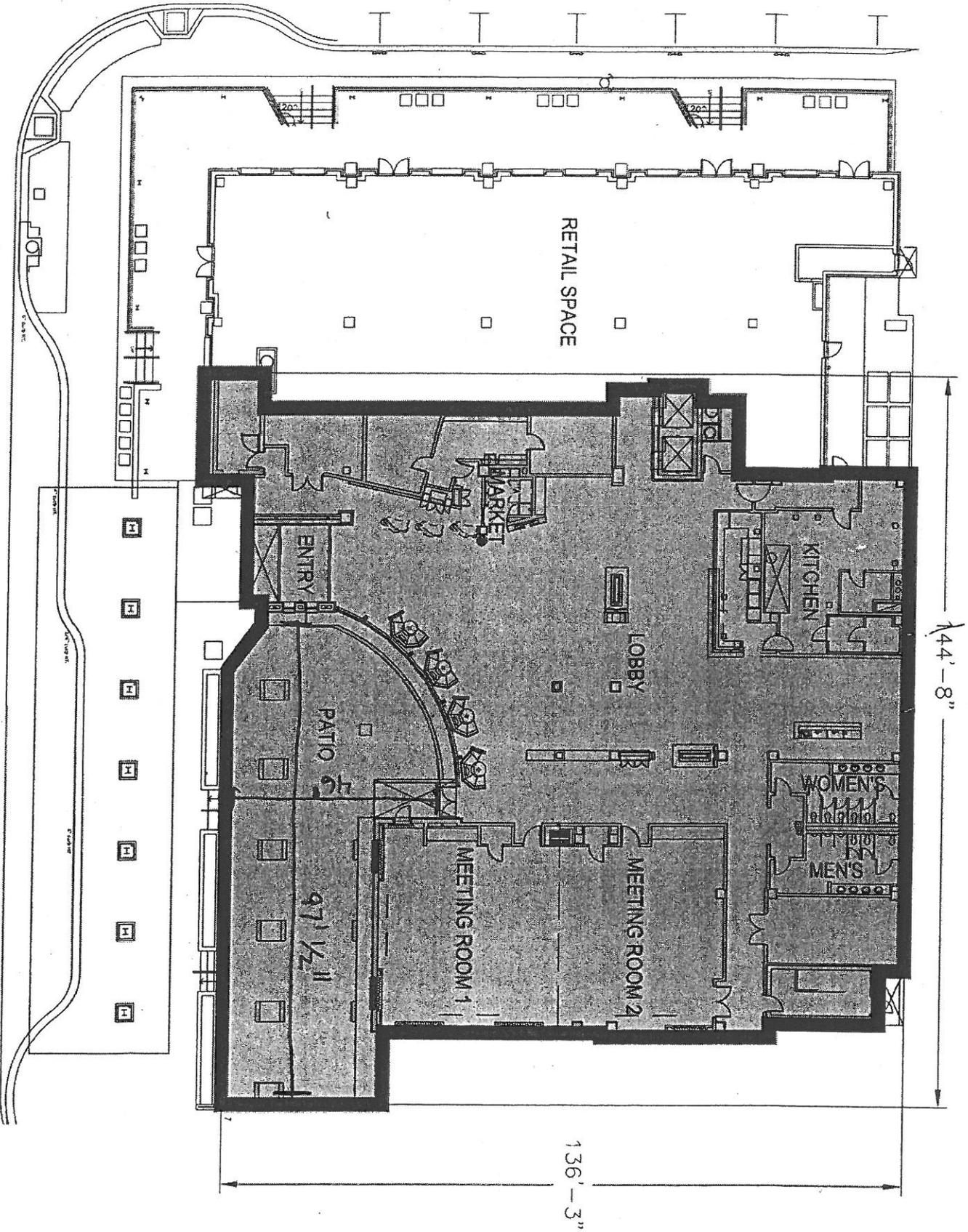
Length 136 feet  
Width 145 feet 136' x 145'

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

SEE ATTACHED DIAGRAM

*Entire <sup>6</sup> story bldg approx 136' x 145' including  
basement plus outdoor patio approx 46' x 98'*

Block 21 L.L.C - Courtyard by Marriott - area for Liquor License



NORTH  
↑

6 STORIES  
AND BASEMENT

Voter - Lancaster

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](http://www.lcc.ne.gov)

Office Use  
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SEP 11 2012  
**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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: BLOCK 21 L.L.C.

Premise information

Premise License Number: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: Courtyard by Marriott Lincoln Downtown

Premise Street Address: 808 R Street

City: Lincoln

State: NE

Zip Code: 68508

Premise Phone Number: (402) 904-4800

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](http://www.lcc.ne.gov/license_search/licsearch.cgi)

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE

(Faxed signatures are acceptable)

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SEP 11 2012

Manager's information must be completed below PLEASE PRINT CLEARLY  
NEBRASKA LIQUOR CONTROL COMMISSION

Gender:  MALE  FEMALE

Last Name: Groff First Name: Eric MI: V

Home Address (include PO Box if applicable): 626 Lyncrest Dr

City: Lincoln County: Lancaster Zip Code: 68510

Home Phone Number: 402-730-5777 Business Phone Number: 402-904-4800

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: Cedar Rapids, Iowa

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

YES  NO

Spouse's information

Spouses Last Name: N/A First Name: N/A MI: N/A

Social Security Number: N/A Drivers License Number & State: N/A

Date Of Birth: N/A Place Of Birth: N/A

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	2001	Present			

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	NEBRASKA LIQUOR CONTROL COMMISSION NUMBER
9/12	Present	Courtyard by Marriott Lincoln Downtown	John Kalogeras	402-904-4800
12/2000	7/2012	John Q. Hammons	Steve Hilton	402-474-1111

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES  NO

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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?  YES  NO  
IF YES, list the name of the premise.

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?  YES  NO

4. Have you enclosed the required fingerprint cards and PROPER FEES with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)  YES  NO

5. List any alcohol related training and/or experience (when and where).  
Zazoo's Beach Club, Cedar Rapids, Iowa - 1993-1995

Needs training

CERTIFICATE OF VITAL RECORD

STATE OF IOWA RECEIVED

County Record

SEP 12 2012

NEBRASKA LIQUOR CONTROL COMMISSION

IOWA STATE DEPARTMENT OF HEALTH  
Division of Vital Statistics

CERTIFICATE OF LIVE BIRTH  
STATE OF IOWA

2014

Birth No. 114

1. PLACE OF BIRTH a. COUNTY <b>Linn</b>		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE <b>Iowa</b> b. COUNTY <b>Linn</b>	
b. CITY, TOWN, OR LOCATION <b>Cedar Rapids, Iowa</b>		c. CITY, TOWN, OR LOCATION <b>Central City</b>	
e. NAME OF HOSPITAL OR INSTITUTION <b>Mercy Hospital</b>		d. STREET ADDRESS	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
CHILD	3. NAME (Type or print) First: <b>Eric</b> Middle: <b>Vaughn</b> Last: <b>Groff</b>		
	4. SEX <b>M</b>	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET, WAS CHILD BORN 1st <input type="checkbox"/> 2d <input type="checkbox"/> 3d <input type="checkbox"/>
FATHER	7. NAME First: <b>Charles</b> Middle: <b>Wilbur</b> Last: <b>Groff</b>		
	9. AGE (At time of this birth) <b>33</b> YEARS	10. BIRTHPLACE (State or foreign country) <b>Iowa</b>	11a. USUAL OCCUPATION <b>Machinist</b>
MOTHER	8. COLOR OR RACE <b>White</b>		
	12. MAIDEN NAME First: <b>Priscilla</b> Middle: <b>Emma</b> Last: <b>Erickson</b>		13. COLOR OR RACE <b>White</b>
14. AGE (At time of this birth) <b>26</b> YEARS		15. BIRTHPLACE (State or foreign country) <b>Iowa</b>	16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) a. How many OTHER children are now living? <b>4</b> b. How many OTHER children were born alive but are now dead? <b>1</b> c. How many fetal deaths (fetuses born dead at ANY time after conception)? <b>0</b>
17a. INFORMANT <b>Mrs. Priscilla Groff</b>			
17b. MOTHER'S MAILING ADDRESS <b>Mrs. Charles Groff, Central City, Iowa</b>			
I hereby certify that this child was born alive on the date stated above.	18a. SIGNATURE <i>Dr. Nemeo</i>		18b. ATTENDANT AT BIRTH <b>Dr. Nemeo</b> M.D. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)
	18c. ADDRESS <b>Cedar Rapids, Iowa</b>		19. BIRTH SIGNATURE <b>9-20-59</b>
19. DATE RECD. BY LOCAL REG. <b>Sept 28, 1959</b>	20. REGISTRAR'S SIGNATURE <i>Paul S. Schreier</i>		21. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)

FOR MEDICAL AND HEALTH USE ONLY

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.

SEP 13 2004

DATE ISSUED  
C1645016  
FORM #588-0328C (1999)

BY *Paul S. Schreier* OF  
COUNTY REGISTRAR OF VITAL RECORDS

LINN  
COUNTY

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



**APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b**

Office Use

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

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) No individual has that large an ownership interest.
- 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) No individual has that large an ownership interest.

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

Name of Registered Agent: Zachary A. Wiegert

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

Block 21 L.L.C.

LLC Address: 2733 East Parleys Way Suite 300

City: Salt Lake City State: UT Zip Code: 84109

LLC Phone Number: (801) 485-7770 LLC Fax Number (801) 485-0209

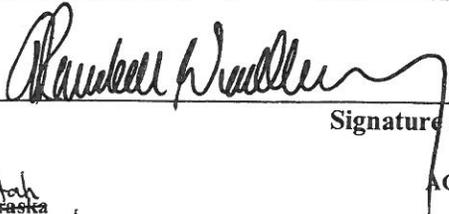
Name of Managing/Contact Member

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

Last Name: Woodbury First Name: Orin MI: Randall

Home Address: 3214 Upland Drive City: Salt Lake City

State: UT Zip Code: 84109 Home Phone Number: (801) 272-1635



Signature of Managing/Contact Member

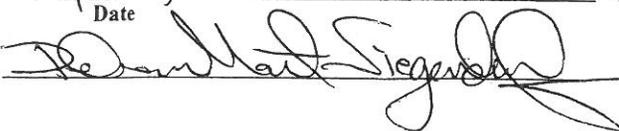
**ACKNOWLEDGEMENT**

State of ~~Nebraska~~ <sup>Utah</sup>  
County of Salt Lake

The foregoing instrument was acknowledged before me this

Sept. 12, 2012  
Date

by Orin Randall Woodbury  
name of person acknowledge



Affix Seal  
Notary Public  
**DEBORA MART SIEGENDORF**  
Commission #580071  
My Commission Expires  
September 10, 2013  
State of Utah



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

Prints  
President

Last Name: Woodbury First Name: Orin MI: Randall

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Jan O. Woodbury

affidavit

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership: (0%) 7% is within the 50% of each

Willkomer LLC + WSP Hotel 21, LLC

Last Name: Woodbury First Name: Guy MI: R.

Vice  
President

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Spouse Full Name (indicate N/A if single): Carie L. Woodbury

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership: (0%) 7% is within the 50% of each

Willkomer LLC + WSP Hotel 21, LLC

Last Name \_\_\_\_\_ Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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SEP 11 2012

NEBRASKA LIQUOR  
CONTROL COMMISSION

Last Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

APPLICATION FOR LIQUOR LICENSE  
LIMITED LIABILITY COMPANY (LLC)  
INSERT - FORM 3b

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

Office Use  
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SEP 17 2012  
NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
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- 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: Zachary A. Wiegert

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
Block 21 L.L.C.

LLC Address: 2733 East Parleys Way Suite 300

City: Salt Lake City State: UT Zip Code: 84109

LLC Phone Number: (801) 485-7770 LLC Fax Number (801) 485-0209

Name of Managing/Contact Member

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

Last Name: Willkommen L.L.C., a Utah LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: 2733 East Parleys Way Suite 300 City: Salt Lake City

State: UT Zip Code: 84109 Home Phone Number: (801) 485-7770

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Utah  
County of Salt Lake

The foregoing instrument was acknowledged before me this

Sept. 14, 2012  
Date

by Orin Randall Woodbury  
name of person acknowledge

Affirmation  
Notary Public  
**TIFFANY M. STEELE**  
Commission #581934  
My Commission Expires  
March 9, 2014  
State of Utah

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  
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CONTROL COMMISSION

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Name of Registered Agent: Zachary A. Wiegert

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

Block 21 L.L.C.

LLC Address: 2733 East Parleys Way Suite 300

City: Salt Lake City State: UT Zip Code: 84109

LLC Phone Number: (801) 485-7770 LLC Fax Number (801) 485-0209

Name of Managing/Contact Member

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

Last Name: WSP Hotel 21, a Utah LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: 2733 East Parleys Way Suite 300 City: Salt Lake City

State: UT Zip Code: 84109 Home Phone Number: (801) 485-7770

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Utah  
County of Salt Lake

The foregoing instrument was acknowledged before me this

Sept. 14, 2012

by Devin Randall Woodbury  
name of person acknowledge

[Signature]  
Date

Affix Seal

Notary Public  
**TIFFANY M. STEELE**  
Commission #581934  
My Commission Expires  
March 9, 2014  
State of Utah

APPLICATION FOR LIQUOR LICENSE  
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Name of Registered Agent: Zachary A. Wiegert

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
Block 21 L.L.C.

LLC Address: 2733 East Parleys Way Suite 300

City: Salt Lake City State: UT Zip Code: 84109

LLC Phone Number: (801) 485-7770 LLC Fax Number (801) 485-0209

Name of Managing/Contact Member

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

Last Name: Woodbury Strategic Partners, L.P., a Delaware L.P. First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: 2733 East Parleys Way Suite 300 City: Salt Lake City

State: UT Zip Code: 84109 Home Phone Number: (801) 485-7770

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Utah  
County of Salt Lake

The foregoing instrument was acknowledged before me this

Date Sept. 17, 2012

by Orin Randall Woodbury

name of person acknowledge

Notary Public

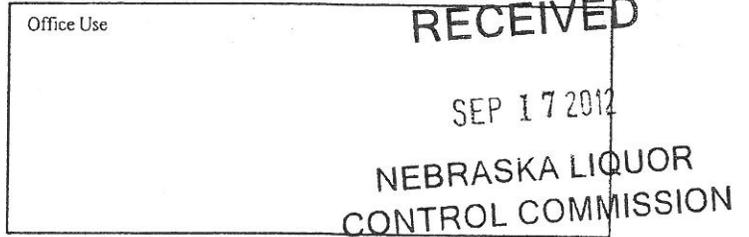
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TIFFANY M. STEELE  
Commission #581934  
My Commission Expires  
March 9, 2014  
State of Utah

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

Name of Registered Agent: Zachary A. Wiegert

Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
WSP Hotel 21 L.L.C. (50% owner of Applicant Block 21 L.L.C)

LLC Address: 2733 East Parleys Way Suite 300

City: Salt Lake City State: UT Zip Code: 84109

LLC Phone Number: (801) 485-7770 LLC Fax Number (801) 485-0209

Name of Managing/Contact Member

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

Last Name: Woodbury Strategic Partners, L.P. First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: 2733 East Parleys Way Suite 300 City: Salt Lake City

State: UT Zip Code: 84109 Home Phone Number: (801) 485-7770

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

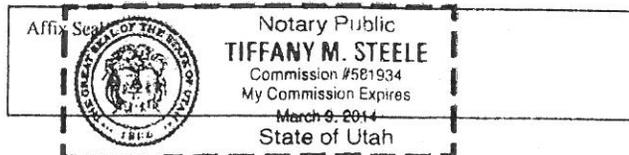
State of ~~Nebraska~~ Utah  
County of Salt Lake

The foregoing instrument was acknowledged before me this

Sept. 14, 2012

by Orin Randall Woodbury  
name of person acknowledge

Date



APPLICATION FOR LIQUOR LICENSE  
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NEBRASKA LIQUOR  
CONTROL COMMISSION

All members including spouse(s), are required to adhere to the following requirements:

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

Name of Registered Agent: Zachary A. Wiegert

<sup>50%</sup> Name of Limited Liability Company that will hold license as listed on the Articles of Organization  
Willkommen L.L.C. (50% owner of Applicant Block 21 L.L.C)

LLC Address: 2733 East Parleys Way Suite 300

City: Salt Lake City State: UT Zip Code: 84109

LLC Phone Number: (801) 485-7770 LLC Fax Number (801) 485-0209

Name of Managing/Contact Member

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

Last Name: Woodbury Corporation First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Home Address: 2733 East Parleys Way Suite 300 City: Salt Lake City

State: UT Zip Code: 84109 Home Phone Number: (801) 485-7770

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Utah  
County of Salt Lake

The foregoing instrument was acknowledged before me this

Sept. 17, 2012 Date by Drin Randall Woodbury  
name of person acknowledge



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

Last Name: Willkommen L.L.C., a Utah LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 50%

---

Last Name: WSP Hotel 21 L.L.C., a Utah LLC First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 50%

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_