

June 17, 2014

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

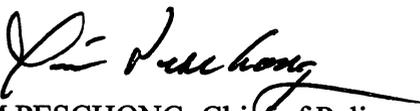
An investigation has been made regarding the application of Salt Valley Sprits, 500 West South Street requesting a class Z liquor license.

This location is also known as Blue Blood Brewery which holds a class L liquor license. The Class Z license will allow for distilled spirits.

Brian Podwinski has requested that he be approved as the manager of the liquor license.

Brian Podwinski was approved by Council on November 11th 2011 as an approved liquor license manager.

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



Trade Name (doing business as) Salt Valley Spirits, LLC

Street Address #1 500 West South Street, Suite 8

Street Address #2 _____

City Lincoln County Lancaster (02) Zip Code 68522

Premise Telephone number 402-477-2337

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

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

Name Salt Valley Spirits, LLC

Street Address #1 500 West South Street, Suite 8

Street Address #2 _____

City Lincoln State NE Zip Code 68522

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

See Attached Document

Length 90 feet
Width 70 feet

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

See attached sketch

RECEIVED

MAY 01 2014

NEBRASKA LIQUOR CONTROL COMMISSION

Is this a single story Bldg? Yes

Is there a basement? No

*Including use of loading dock
approx 180' feet away at end
of Strip mall*

Single Story

NEBRASKA LIQUOR
CONTROL COMMISSION

MAY 01 2014

RECEIVED

NORLAND

PROPRIETARY INFORMATION
DO NOT DUPLICATE

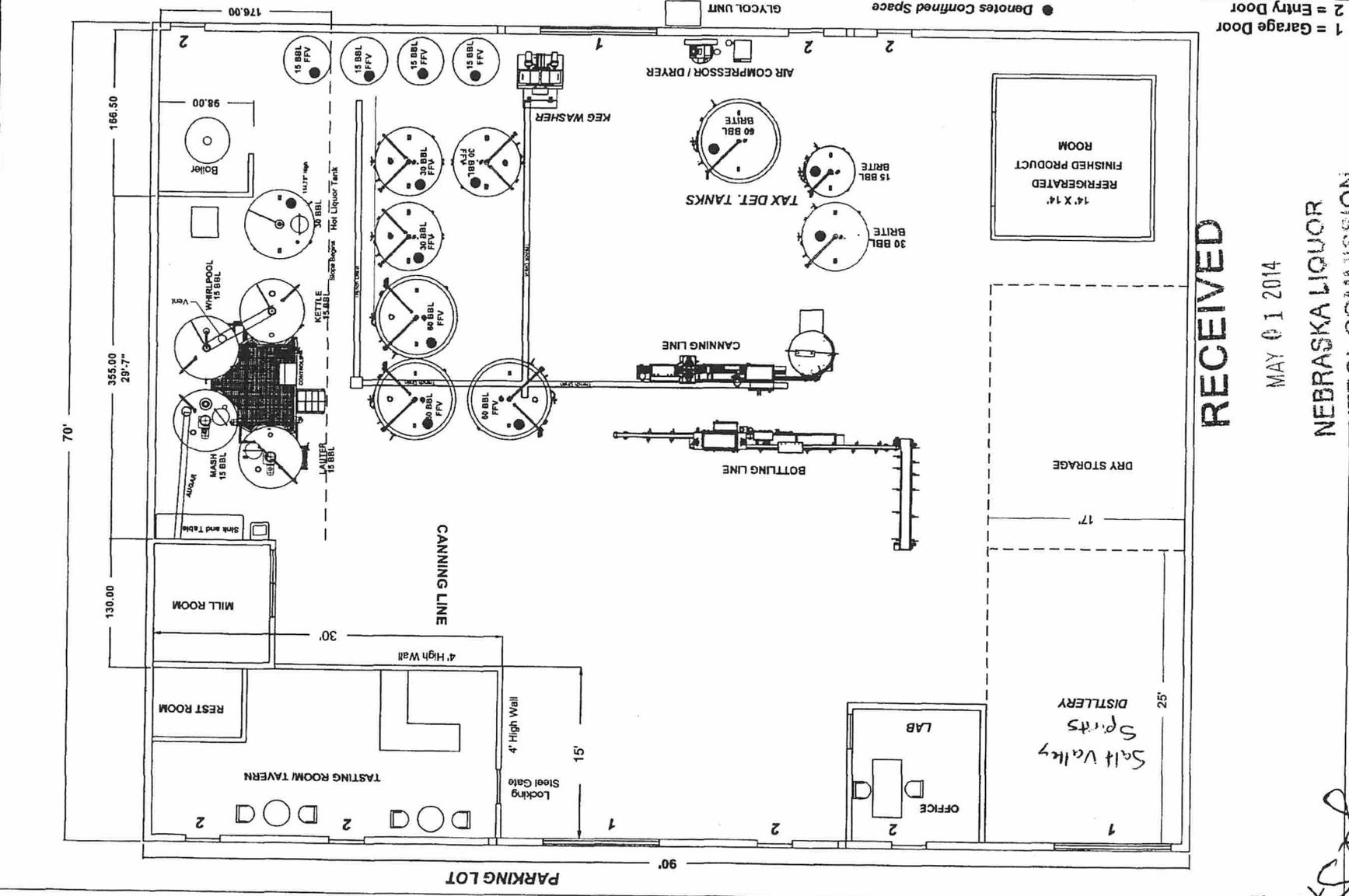
DRAWING BY
JOHN SWANCARA
COPYRIGHT Norland Int'l Inc.
All rights reserved

DESCRIPTION
Blue Blood Brewery

THIS DRAWING IS FOR RECOMMENDED LAYOUT OF EQUIPMENT AND CONNECTIONS ONLY. ALL FINAL POSITIONS AND CONNECTIONS ARE THE RESPONSIBILITY OF THE PURCHASER AND SHOULD BE APPROVED BY PURCHASERS CONTRACTOR TO MEET ALL RELEVANT CODES. ANY CHANGES IN EQUIPMENT POSITION AFTER DRAWING IS ACCEPTED MAY RESULT IN INCREASED INSTALLATION COSTS TO OWNER. DRAWING FIRST APPROVAL - Please review the drawings carefully as this is considered the final approval once signed and returned. Any changes to the drawings hereof will require significant work and changes will be charged at a rate of \$125.00 per hour.

DATE
01/28/14

REV
5





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.

Record to Noble

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Amanda Podwinski	02/2002	Lincoln, NE	MIP	Diversion

RECEIVED

MAY 01 2014

2. Are you buying the business of a current retail liquor license?

YES NO

NEBRASKA LIQUOR CONTROL COMMISSION

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 a liquor licensed business within the last two (2) years?

YES NO

If yes, give name and license number Blue Blood Brewing Co. L96497

W ck

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

YES NO

If yes:

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

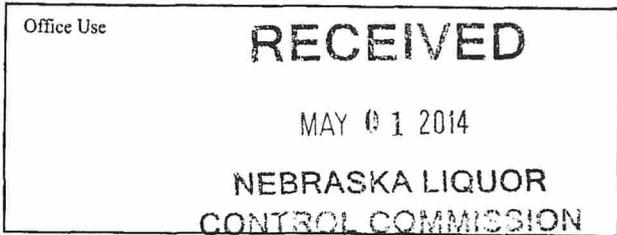
5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender _____

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)

Active

Name of Registered Agent: Brian Podwinski

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

Salt Valley Spirits, LLC

LLC Address: 500 West South Street, Suite 8

City: Lincoln State: NE Zip Code: 68522

LLC Phone Number: 402-477-2337 LLC Fax Number: NA

Name of Managing/Contact Member

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

Last Name: Podwinski First Name: Brian MI: C

Home Address: 9322 S 28th Street City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-742-0075

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

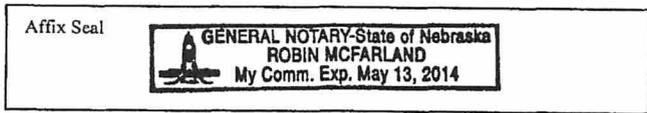
The foregoing instrument was acknowledged before me this

April 22, 2014

Date

by Brian Podwinski
name of person acknowledge

Robin McFarland



**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
MAY 01 2014
NEBRASKA LIQUOR
CONTROL COMMISSION

MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

Name of Corporation/LLC: Salt Valley Spirits, LLC

Liquor License Number: _____ Class Type Z
(if new application leave blank)

Premise Trade Name/DBA: Salt Valley Spirits, LLC

Premise Street Address: 500 West South Street, Suite 8

City: Lincoln County: Lancaster Zip Code: 68522

Premise Phone Number: 402-477-2337

Email address: brian@bluebloodbrewing.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals. http://www.lcc.ne.gov/license_search/licsearch.cgi

Applicant

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Last Name: Podwinski First Name: Brian MI: C

*Passport
Vote
Sign*

Home Address (include PO Box if applicable): 9322 S 28th Street

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-742-0075 Business Phone Number: 402-477-2337

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

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

Email address: brian@bluebloodbrewing.com



YES NO



Spouses Last Name: Podwinski First Name: Amanda MI: DE

*Passport
Vote
Sign*

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

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



CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Brian - Lincoln, NE	1978	2014	Amanda - Lincoln, NE	2001	2014

RECEIVED

MAY 01 2014

NEBRASKA LIQUOR CONTROL COMMISSION

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2007	2011	State of Nebraska	Al Berndt	402-471-7421
2011	Present	Blue Blood Brewing Company	Self	402-477-2337

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.

RECEIVED

MAY 01 2014

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Amanda Podwinski	7/2002	Lincoln, NE	MIP	Diversion

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES NO

IF YES, list the name of the premise(s):

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