



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

August 29, 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 Blue Blood Brewing Company, 500 West South Street Suite 8, holders of class L liquor license L-96497.

Blue Blood Brewing Company requests that a class C liquor license (C-109302) be added to the current liquor license. Brian Podwinski has completed the managers training.

The owners and manager of this location will remain the same.

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.

A handwritten signature in black ink, appearing to read "Jim Peschong".

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**APPLICATION FOR DELETION
TO LIQUOR 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

Office Use
RECEIVED
JUL 16 2014
NEBRASKA LIQUOR CONTROL COMMISSION

Application:

- **Must include processing fee of \$45.00 checks made payable to Nebraska Liquor Control Commission (NLCC)**
- **Must include simple hand drawn sketch showing existing licensed area and area to be deleted, must include outside dimensions in feet (not square feet), show direction north.
NO BLUE PRINTS**
- **May include approval from the local governing body; no deletion shall be approved unless endorsed by the local governing body**
- **Check with your local governing body for any additional requirements that may be necessary in making this request for deletion**

LIQUOR LICENSE # L96497 CLASS TYPE L
LICENSEE NAME Blue Blood Brewing Company, Inc.
TRADE NAME Blue Blood Brewing Company
PREMISE ADDRESS 500 West South Street, Suite 8
CITY Lincoln
CONTACT PERSON Brian Podwinski
PHONE NUMBER OF CONTACT PERSON 402-477-2337
EMAIL ADDRESS OF CONTACT PERSON brian@bluebloodbrewing.com



1. What is being deleted?
Explain why this area is being removed from licensed description

We are removing a 17' by 25' area located in the southeast corner of the premise by using the lab wall and a 6' tall fence.

2. Include a sketch of the area to be deleted showing:
- ✓ existing licensed area with length & width in feet
 - ✓ area to be deleted with length & width in feet
 - ✓ direction north

RECEIVED

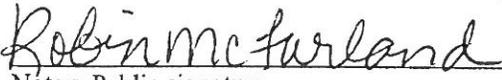
JUL 16 2014

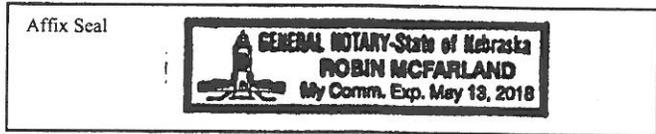
NEBRASKA LIQUOR
CONTROL COMMISSION

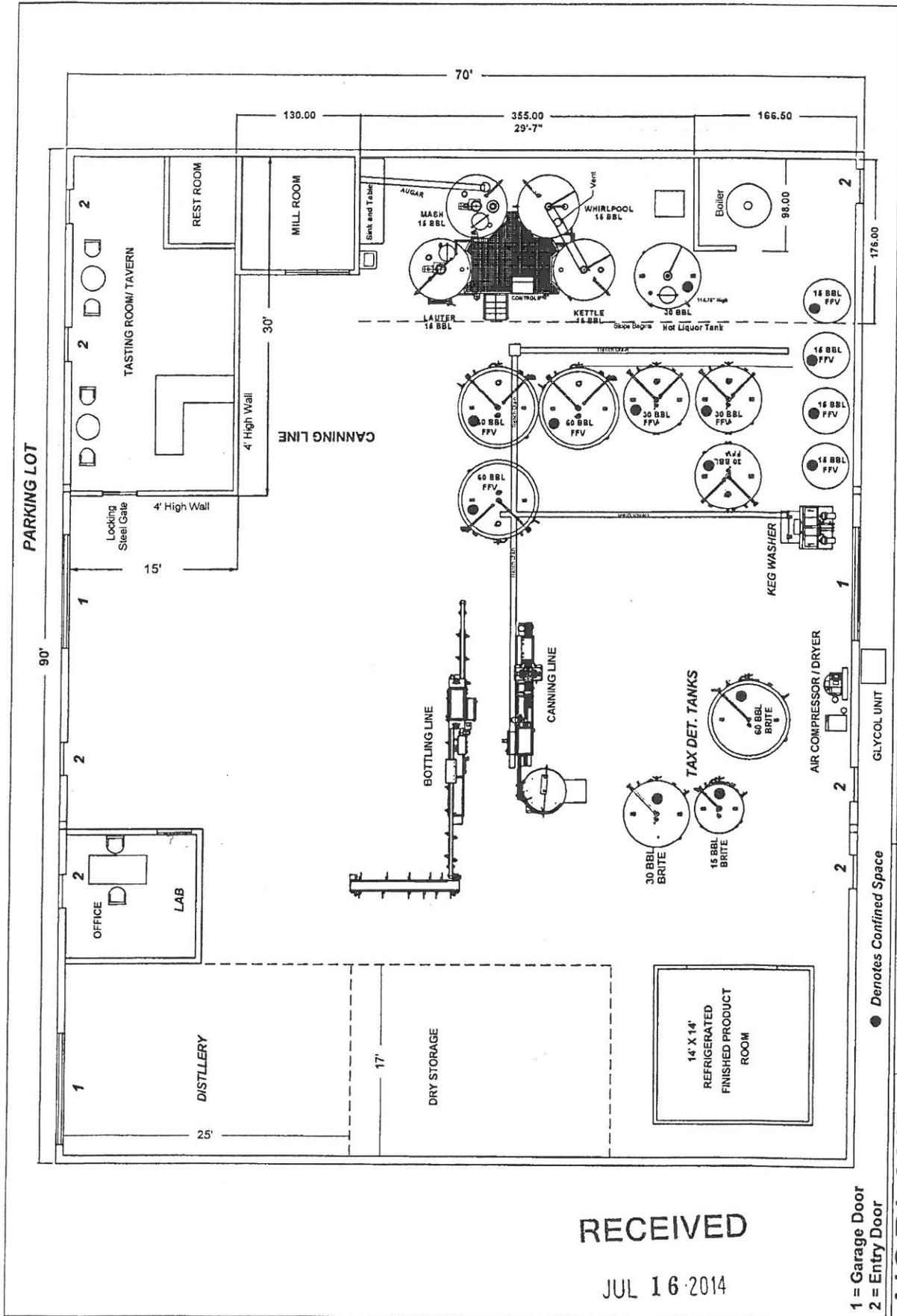
I acknowledge under oath that the premises as altered to comply in all respects with the requirements of the act.
Neb Rev Stat §53-129


Signature of Licensee or Officer

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this
7-16-14 by Brian Podwinski
Date name of person acknowledged (individual(s) signing document)


Notary Public signature





NORLAND PROPRIETARY INFORMATION DO NOT DUPLICATE	DRAWING BY JOHN SWANCARA COPYRIGHT Norland Int'l Inc. All rights reserved	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 PURCHASER'S CONTRACTOR TO MEET ALL RELEVANT CODES. ANY CHANGES IN EQUIPMENT POSITION AFTER DRAWING IS ACCEPTED MAY RESULT IN INCREASED INSTALLATION COSTS TO OWNER. Drawing Final Approval - Please review the drawings carefully as this is considered the final approval once signed and returned. Any changes to the drawings, nomenclature, will require significant work and changes will be charged at a rate of \$125.00 per hour.
REV 5	DATE 01/28/14	DESCRIPTION Blue Blood Brewery

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 NEBRASKA LIQUOR
 CONTROL COMMISSION

1 = Garage Door
 2 = Entry Door

● Denotes Confined Space
 ● GLYCOL UNIT

► RECEIPT

8/4/2014

From: Jackie B Matulka – jackie.matulka@nebraska.gov

Phone: (402) 471 – 4881

Fax: (402) 471 – 2814

Company Name: Nebraska Liquor Control Commission

To: City Clerk of Lincoln – tmeier@lincoln.ne.gov
Deputy City Clerk of Lincoln – sdubas@lincoln.ne.gov

App Info: Blue Blood Brewing Company Inc DBA Blue Blood Brewing
Company
Class C 109302

PLEASE COMPLETE THE BOTTOM SECTION UPON RECEIPT OF THIS APPLICATION AND FAX OR EMAIL THIS FORM BACK ACKNOWLEDGING THE RECEIPT OF THIS APPLICATION. PLEASE DATE STAMP IF THAT OPTION IS AVAILABLE. THANK YOU.

DATE OF RECEIPT

SIGNATURE

RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

Date delivered from NLCC office: August 4, 2014

JBM

I, _____ Clerk of _____
(City, Village or County)

Nebraska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Section 134 (7) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

Blue Blood Brewing Company Inc DBA Blue Blood Brewing Company
500 W South Street, Suite 8, Lincoln, NE 68522 (Lancaster County)
NEW APPLICATION for Class C 109302
45 days – September 18, 2014

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

Check one: Yes _____ No _____

The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.

2. Local hearing was held not more that 45 days after receipt of notice from the Nebraska Liquor Control Commission.

Check one: Yes _____ No _____

3. Date of hearing of Governing Body: _____

4. Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing Body, then use an additional page and follow same format.

5. Motion was made by: _____ Seconded by: _____

6. Roll Call Vote: _____

7. **Check one:** Motion Passed: _____ Motion Failed: _____

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

(Attached additional page(s) if necessary)

SIGN HERE _____ **DATE** _____
(Clerks Signature)

**APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL**

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		
2A	New	
Class Type C	L 109302	Initial JM

Applicant name Blue Blood Brewing Company, Inc
 Trade name Blue Blood Brewing Company
 Previous trade name _____
 Contact email address brian@bluebloodbrewing.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the state.

8-4-14 Ag, FM, Fire & Local sent

REQUIRED ATTACHMENTS

Each item must be checked and included with application or marked N/A (not applicable)

1. Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office. See fingerprint brochure *In under SVS*

2. Enclose application fee of \$400, check made payable to the Nebraska Liquor Control Commission.

<p style="text-align: center; font-size: small;">Office use only</p> <p>PAYMENT TYPE <u>Payloc</u></p> <p>AMOUNT: <u>\$400 - mm</u></p> <p>RECEIPT # _____</p> <p>Received: _____</p>	 <p>1400016729</p>
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- X 3) Enclose the appropriate application forms:
 Individual license (requires insert form 1- form number 104)
 Partnership license (requires insert form 2- form number 105)
 Corporate license (requires insert form 3a & 3c- form number 101 and 103)
 Limited liability company (LLC) (requires form 3b & 3c- form number 102 and 103)
- X 4. If building is being leased send a copy of signed lease. Lease must be in the name of the individual, corporation or limited liability company making application. Lease term must run through the license year being applied for (see page 3).
- NA 5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
- NA 6. If buying the business of a current liquor license holder:
 a) Provide a copy of the purchase agreement from the seller (must read applicants name).
 b) Provide a copy of alcohol inventory being purchased (must include brand names and container size)
 c) Enclose a list of the assets being purchased (furniture, fixtures and equipment).
- X/NA 7. If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).
- X 8. Enclose a list of any inventory or property owned by other parties that are on the premise.
- X 9. For citizenship enclose copy of U.S. birth certificate; U.S. passport or naturalization paper
 For residency enclose proof of registered voter in Nebraska
 See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>
- X 10. Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode stamp.
- X 11. Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.



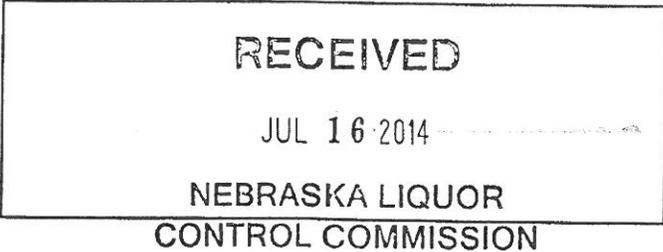
 Signature

7/16/14

 Date

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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PO BOX 95046
LINCOLN, NE 68509-5046
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**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S)

Submit \$400 Non Refundable Application Fee

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

LICENSE YEAR

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING
(CHECK ONLY ONE)**

- Individual License (requires insert form 1- form number 104)
- Partnership License (requires insert form 2- form number 105)
- Corporate License (requires insert form 3a & 3c- form number 101 and 103)
- Limited Liability Company (LLC) (requires form 3b & 3c- form number 102 and 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name _____ Phone number: _____

Firm Name _____

PREMISE INFORMATION

Trade Name (doing business as) Blue Blood Brewing Company

Street Address #1 500 West South Street, Suite 8

Street Address #2 _____

City Lincoln

County Lancaster

#2

Zip Code 68522

Premise Telephone number 402-477-2337

Business e-mail address brian@bluebloodbrewing.com

Is this location inside the city/village corporate limits:

YES

NO

city

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

Name Blue Blood Brewing Company

Street Address #1 500 West South Street, Suite 8

Street Address #2 _____

City Lincoln

State NE

Zip Code 68522

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

Building: length 70 x width 90 in feet

Is there a basement to be licensed? Yes No NA If yes, length _____ x width _____ in feet

Is there an outdoor area? Yes X No _____ If yes, length 18 x width 18 in feet

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

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NEBRASKA LIQUOR
CONTROL COMMISSION

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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. Include traffic violations. 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. The commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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

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CONTROL COMMISSION

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

If yes, give name and license number L96497

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

YES NO

If yes:

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

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

YES NO

If yes, list the lender(s) _____

6. 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)

No silent partners

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

YES NO

If yes, list such item(s) and the owner. _____

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

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. §53-177)(1)

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

Brock Wagner, Lincoln Police Department, Investor

ok as long as 25% in under and not an officer

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

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

Nebraska Bank of Commerce, Brian Podwinski

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.

Nebraska L96497

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

12. List the alcohol related 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) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

See corporate manager form for info

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Brian Podwinski		

For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business

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 October 2015
- Deed
- Purchase Agreement

14. When do you intend to open for business? August 2014
15. What will be the main nature of business? Tasting room for brewery and distillery
16. What are the anticipated hours of operation? 4-9pm WThF, Sat 12-9, Sun 12-5

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, NE	1978	2014	Lincoln, NE	2002	2014

If necessary attach a separate sheet.

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NEBRASKA LIQUOR CONTROL COMMISSION

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background 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). See guideline for required signatures

✓ 

 Signature
 Brian Podwinski

 Print Name

 Signature

 Print Name

✓ 

 Signature of Spouse
 Amanda Podwinski

 Print Name

 Signature of Spouse

 Print Name

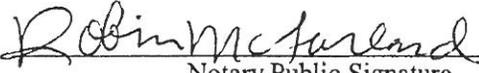
ACKNOWLEDGEMENT

State of Nebraska
 County of Lancaster
7-16-14

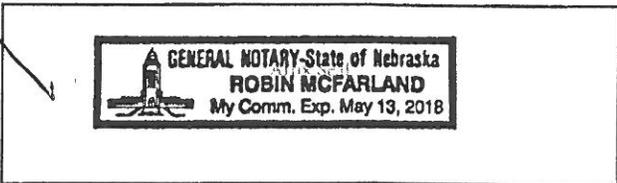
 date

✓ The foregoing instrument was acknowledged before me this _____
 by Brian Podwinski Amanda Podwinski 

 name of person(s) acknowledged (individual(s) signing)



 Notary Public Signature



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JUL 16 2014

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

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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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

Corporation/LLC information

Name of Corporation/LLC: Blue Blood Brewing Company, Inc.

Premise information

Liquor License Number: 96497 Class Type C
(if new application leave blank)

Premise Trade Name/DBA: Blue Blood Brewing Company

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



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

signed, passports, voter reg, prints

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Podwinski First Name: Brian MI: C
 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

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

YES NO

signed, prints, voter reg and signed

Spouse's information

Spouses Last Name: Podwinski First Name: Amanda MI: DE
 Social Security Number: _____ Drivers License Number & State: _____ NE
 Date Of Birth: _____ Place Of Birth: Wayne, NE

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	1978	2014	Lincoln, NE	2001	2014

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JUL 16 2014

NEBRASKA LIQUOR CONTROL COMMISSION

Form 103 Rev 9/2013 Page 3 of 6

MANAGER'S LAST TWO EMPLOYERS

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

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
				RECEIVED
				JUL 16 2014
				NEBRASKA LIQUOR CONTROL COMMISSION

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):

96497 CLASS LK

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. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: 03/24/13 Name on Certificate: Brian C. Podwinski

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Brian Podwinski	03/2013	NLCC online

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Brian Podwinski/President	06/2011	Blue Blood Brewing Co. Lincoln, NE

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CONTROL COMMISSION

5. 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

*prints submitted on 5-1-14
for both Brian and Amada
Podwinski*

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. If spouse has **NO** interest directly or indirectly, a spousal affidavit of non participation may be attached.

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

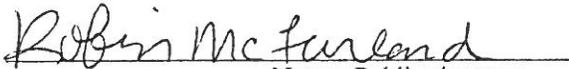


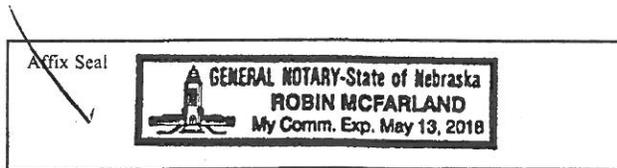
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster
7-16-14
date

The foregoing instrument was acknowledged before me this OK
by Brian Podwinski + Amanda Podwinski
name of person acknowledged


Notary Public signature



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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Important Message:
 If you have recently moved, please use the **Polling Place** feature. **Locate Your Polling Place** with the street and city address of your new/current residence.

HOME

REGISTRATION
INFORMATION

POLLING
PLACE

PROVISIONAL
BALLOT

ABSENTEE
BALLOT

Select Language ▾

Registrant Search Information

Registrant Detail

Name: Brian C Podwinski
Party: Republican
Polling Place: Clark Jeary Retirement Community ^^
 8401 South 33rd St.
 (E. Door -> Dining Room)
 Lincoln, NE 68516

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NEBRASKA LIQUOR
CONTROL COMMISSION

Districts

DISTRICT NAME	DISTRICT TYPE
Lincoln Public Schools	School District
Southeast Com College Dist 5	Community College District
Southeast Com College At Large	Community College District
U.S. Congressional District 1	U.S. Congressional District
Appeals Court Judge Dist 1	Judge of Appeals Court Dist.
County Judge Dist 3	Judge of County Court Dist.
District Judge, Dist 3	Judge of District Court Dist.
Juv Crt Judge, Lancaster Co.	Judge of Juvenile Court
Supreme Court Judge Dist 1	Judge of Supreme Court Dist.
Legislative District 29	Legislative District
Lower Platte South NRD SubD 4	Natural Resources District
PSC District 1	Public Service Comm District
Board of Regents District 1	Board of Regents
Lincoln City Council DIST 02	City Council (Ward)
Mayor of Lincoln	Mayor
County Commissioner DIST 03	County Board (Commiss./Superv)
LPS School Board DIST 05	School Board Ward
State Board of Education Dist1	State Board of Education
City of Lincoln	City Council (Ward)
Lower Platte South NRD At Larg	Natural Resources District

OR

[Registration Information](#) [Polling Place](#) [Provisional Ballot](#) [Absentee Ballot](#)

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Registrant Detail

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OK

[Registration Information](#) [Polling Place](#) [Provisional Ballot](#) [Absentee Ballot](#)

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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% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders 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 Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Brian Podwinski

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

Blue Blood Brewing Company, Inc.

Corporation Address: 500 West South Street, Suite 8

City: Lincoln State: NE Zip Code: 68522

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

Total Number of Corporation Shares Issued: 1000

Name and notarized signature of President/CEO (Information of president 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: 402-477-2337

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

7-16-14

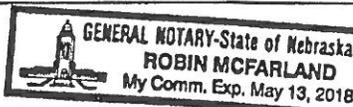
Date

The foregoing instrument was acknowledged before me this

by Brian Podwinski

name of person acknowledge

Affix Seal



OK

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

*Signed
passport
voter reg
prints*

Last Name: Podwinski First Name: Brian MI: C

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 484

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Podwinski First Name: Amanda MI: DE

Social Security Number: _____ Date of Birth: _____

Title: Secretary Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

*Signed
passport
voter reg
prints*

Last Name: Coash First Name: Colby MI: J

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 62

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Wagner First Name: Brock MI: D

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 190

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

Spouse Social Security Number: _____ Date of Birth: _____

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

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

Last Name: Wagner First Name: Gretchen MI: C

Social Security Number: - Date of Birth: -

Title: Shareholder Number of Shares 170

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

Spouse Social Security Number: - Date of Birth: -

Last Name: Stortenbecker First Name: Roger MI: L

Social Security Number: - Date of Birth: -

Title: Shareholder Number of Shares 37

Spouse Full Name (indicate N/A if single): Jan M. Husen-Stortenbecker

Spouse Social Security Number: - Date of Birth: -

Last Name: Ekberg First Name: Lyle MI: -

Social Security Number: - Date of Birth: -

Title: Shareholder Number of Shares 25

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

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: -

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NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: January

Ending Date: December

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID # _____

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