CITY OF LINCOLN NEBRASKA

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

June 8, 2015

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 RSB Volleyball, Inc., DBA Playmakers Sports Bar & Grill, 640 W Prospector Court #100, requesting a class C-112130 liquor license.

RSB Volleyball, Inc. has purchased Playmakers from BWZ LLC, which held a class C liquor license at this location.

Ryan Scheer, the president of RSB Volleyball, Inc., has requested that he be approved as the manager of the liquor license. Mr. Scheer has not yet completed the required management training. He is scheduled to attend on June 11, 2015.

Mr. Scheer's criminal and traffic history is as follows:

VIOLATE STOP SIGN, infraction (Lancaster Co/LPD)
Disposition: 8-1-2012, Fined $75

SPEEDING 6-10 MPH OVER, infraction (Cass Co/Cass Co Sheriff)
Disposition: 9-29-2011, Fined $25

VIOLATE SCHOOL SPEED ZONE 16-20 MPH OVER, infraction (Lancaster Co/LPD)
Disposition: 3-12-2009, Fined $250

SPEEDING 16-20 MPH OVER, infraction (Cass Co/NSP)
Disposition: 12-29-2008, Fined $250

SPEEDING 6-10 MPH OVER, infraction (Antelope Co/NSP)
Disposition: 10-9-2007, Fined $25

A nationally accredited law enforcement agency

SPEEDING 6-10 MPH OVER, infraction (Lancaster Co/LPD)
Disposition: 1-23-2007, Fined $25

NO VALID REGISTRATION, infraction (Lancaster Co/LPD)
Disposition: 1-23-2007, Fined $25

NO VALID REGISTRATION, infraction (Lancaster Co/NSP)
Disposition: 5-16-2005, Fined $25

SPEEDING 11-15 MPH OVER, infraction (Sarpy Co/NSP)
Disposition: 11-16-2004, Fined $150

DRIVING UNDER SUSPENSION, Class 3 misdemeanor (Saunders Co/NSP)
Disposition: 9-9-2003, Fined $100

SPEEDING 11-15 MPH OVER, infraction (Saunders Co/NSP)
Disposition: 9-9-2003, Fined $75

SPEEDING 16-20 MPH OVER, infraction (Douglas Co/NSP)
Disposition: 5-14-2003, Fined $125

SPEEDING 6-10 MPH OVER, infraction (Howard Co/Howard Co Sheriff)
Disposition: 10-25-2001, Fined $25

SPEEDING 6-10 MPH OVER, infraction (Hall Co/NSP)
Disposition: 2-24-2000, Fined $25

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

JIM PESCHONG, Chief of Police

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.nebraska.gov

Training Required

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TOP ✓

Hot List: YES / NO	New/Replacing # 886839 ✓
Class Type C	112130
	Initial RS JM

Applicant name RSB VOLLEYBALL, INC.

Trade name Playmakers Sports Bar & Grill

Previous trade name Same

Contact email address ryan.d.scheer@medtronic.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.

crim hist reported on application

4-23-15 entered into database

6-1-15 Ag report sent

6-2-15 Enf, FM

RECEIPT

DATE 4-16-2015 No. 168368

FROM RSB Volleyball Inc

FOR New Application

☐ CASH
☒ CHECK # No Number
☐ MONEY# ORDER

$ 400.00

Received by [signature]

Office use only
PAYMENT TYPE Ck No #
AMOUNT: $400
Ret 168368
Received: MM

1500010393

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1. X Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form MUST be included with your application.

2. X Enclose application fee of $400, check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport

3. X Enclose the appropriate application forms;
   - Individual License (requires insert form 1)
   - Partnership License (requires insert form 2)
   - Corporate License (requires insert form 3a & 3c)
   - Limited Liability Company (LLC) (requires form 3b & 3c)

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4. X If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company making application. Lease term must run through the license year being applied for.

5. _____ If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. X 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).

7. X If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP)(form 125).

8. _____ Enclose a list of any inventory or property owned by other parties that are on the premises.

9. X For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. See guideline for further assistance http://www.lcc.nebraska.gov/brochures.html

10. X 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.

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

4/13/15
Date

APPLICATION FOR LIQUOR LICENSE
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.nebraska.gov/

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

RETAIL LICENSE(S) Application Fee $400 (non refundable)

- [ ] A BEER, ON SALE ONLY
- [ ] B BEER, OFF SALE ONLY
- [x] C BEER, WINE, DISTILLED SPIRTS, 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

- [ ] 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

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

- [ ] Individual License (requires insert form 1)
- [ ] Partnership License (requires insert form 2)
- [x] Corporate License (requires insert form 3a & 3c)
- [ ] Limited Liability Company (LLC) (requires form 3b & 3c)

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 J. Michael Rierden Phone number: 402-476-2413

Firm Name Rierden Law Office

PREMISES INFORMATION

Trade Name (doing business as) Playmakers Sports Bar and Grill

Street Address #1 640 West Propector Ct Suite 100

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68522

Premises Telephone number 402-438-9300

Business e-mail address ryan.d.scheer@medtronic.com

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

city

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

Name RYAN DAVID SCHEER

Street Address #1 640 West Prospector Ct Suite 100

Street Address #2

City Lincoln State Nebraska Zip Code 68522

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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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length ____ x width _____ in feet
Is there a basement? Yes____ No____ If yes, length _____x width _____ in feet
Is there an outdoor area? Yes___ No____ If yes, length____ x width_____ in feet

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

SEE Attached diagram

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

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☒ 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
See Attached				

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

☒ YES ☐ NO

If yes, give name of business and liquor license number #086839 BWZ, LLC d/b/a Playmakers Sports Bar and Grill
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 BWZ, LLC d/b/a Playmakers Sports Bar and Grill

4. Are you filing a temporary operating permit (TOP) 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, include family or friends, to establish and/or operate the business?

☐ YES ☐ NO

If yes, list the lender(s) Frontier Bank

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)

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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 premises 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

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.

Great Western Bank / Ryan Schee

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reason for termination of any license(s) previously held.

N/A

Training Required

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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Ryan David Scheer		RECEIVED
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		NEBRASKA LIQUOR CONTROL COMMISSION

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
RYAN DAVID SCHEER		PLAYMAKER 640 W Prospector Ct
		Lincoln Neb

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.**

- [x] Lease: expiration date April 1, 2017
- [ ] Deed
- [ ] Purchase Agreement

14. When do you intend to open for business? ASAP

15. What will be the main nature of business? BAR AND GRILL AND VOLLEYBALL

16. What are the anticipated hours of operation? Legal Hours ~~Ryan David Scheer~~

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

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
Ryan David Scheer			Amber Lynn Scheer		
Lincoln	2005	2015	ELKORN, Neb	2005	
			Lincoln Neb		

If necessary attach a separate sheet.

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 http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

Signature of Applicant	**Signature of Spouse**
Ryan David Scheer	Amber Lynn Scheer
Print Name	**Print Name**
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Signature of Applicant	**Signature of Spouse**
	APR 16 2015
	NEBRASKA LIQUOR
Print Name	**Print Name** CONTROL COMMISSION

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

April 9th, 2015
date

Notary Public signature

The foregoing instrument was acknowledged before me this

by Ryan David Scheer and Amber Lynn Scheer
name of person(S) acknowledged (individual(s) signing)

GENERAL NOTARY - State of Nebraska
JOANN RIERDEN
My Comm. Exp. March 16, 2017

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.

SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

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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Office Use Only
Class: C License #: 112130

Applicant Name: RSB VOLLEYBALL INC
(Corporation, LLC, Partnership or Individual)

Trade Name: PLAYMAKERS SPORTS BAR AND GRILL
(Doing Business As)

(402) 438 - 9300
Phone Number Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
  Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
  Fingerprint cards should be submitted with the application.
- Fee payment of **$28.75 per person** must be made directly to the NSP;
  You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
  or checks made payable to NSP should be mailed directly to the following address:
  The Nebraska State Patrol – CID Division
  3800 NW 12th Street
  Lincoln, NE 68521
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
  Include a list of names covered by your payment to insure proper application of payment.
- This completed form MUST be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

Name (Print): Ryan Scheer Title: President

Name (Print): Amber Scheer Title: Spouse

Location: Omaha Highway Patrol Date 4/13/15
Where fingerprints were taken

PayPort Receipt #:_____ $_____ Check Name & No.:_____ $_____

Ryan said the fees were paid for at Omaha NSP

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #:_____ $_____ Check Name & No.:_____ $_____

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CONTROL COMMISSION

Name (Print): _____ Title: _____

Name (Print): _____ Title: Spouse

Location: _____ Date _____
Where fingerprints were taken

PayPort Receipt #:_____ $_____ Check Name & No.:_____ $_____

I hereby certify that fees of $28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Ryan Scheer Title: President

Signature: _____ Date: 4/13/15

MANAGER APPLICATION
INSERT - FORM 3c

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

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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. See Form 147 for further information, this form MUST be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC Information

Name of Corporation/LLC: RSB VOLLEYBALL INC.

Premise information

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

Premise Trade Name/DBA: Playmakers Sorts Bar and Grill

Premise Street Address: 640 West Prospector Ct #100

City: Lincoln County: Lancaster Zip Code: 68522

Premise Phone Number: 402-438-9300

Email address: ryan.d.scheer@medtronic.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)

BC, signed, print form 147, voter reg

Manager's information must be completed below. PLEASE PRINT CLEARLY

402-616-3482 - cell

Last Name: Scheer First Name: Ryan MI: D

Home Address (include PO Box if applicable): 23415 Berry St

City: Elkhorn County: Douglas Zip Code: 68002

Home Phone Number: 402-616-3482 Business Phone Number: 402-438-9300

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

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

Email address: ryan.d.scheer@medtronic.com

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

☒ YES ☐ NO BC, signed, print form 147 voter reg

Spouse's information

Spouses Last Name: Scheer First Name: Amber MI: L

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

Date Of Birth: _____ Place Of Birth: ~~York~~, Neb Fullton

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

APPLICANT CITY & STATE	YEAR FROM	YEAR TO	SPOUSE CITY & STATE	YEAR FROM	YEAR TO
Lincoln	2005	2015	Elkhorn		2005
			Lincoln	2005	2010

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St Jude Medical - June 2011 to June 2013 - Butch Peltz - 1-800-227-3422
Medtronic - August 2013 to Present - Norty Blanchard - 1-800-854-3570

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	2015	Playmakers		

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.

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☒ 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
See Attached				

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

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

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Training Required

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

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*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:
Ryan Scheer		Playmakers

5. Have you enclosed Form 147 regarding fingerprints?

☒ YES ☐ NO

enclosed

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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

Signature of Manager Applicant

Amber Scheer
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

April 9, 2015
date

by Ryan Scheer / Amber Scheer
name of person acknowledged

JoAnn Rierden
Notary Public signature

Affix Seal
GENERAL NOTARY - State of Nebraska
JOANN RIERDEN
My Comm. Exp. March 16, 2017

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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FAX: (402) 471-2814
Website: www.lcc.ne.gov

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. See Form 147 for further information, this form MUST be included with your application.**
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 (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: GLEN WITTE

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

RSB VOLLEYBALL INC

Corporation Address: 640 W Prospector Court, Suite 100

City: Lincoln State: NEB Zip Code: 68522

Corporation Phone Number: 402-438-9300 Fax Number

Total Number of Corporation Shares Issued: 100

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

Last Name: SCHEET First Name: RYAN MI: D

Home Address: 4636 W MARYLOUISE LANE City: LINCOLN

State: NEB Zip Code: 68522 Home Phone Number: 402-616-3482

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of LANCASTER

The foregoing instrument was acknowledged before me this

APRIL 24 2015
Date

by RYAN SCHEET
name of person acknowledge

BRANDY J POOLE

Affix Seal

BRANDY J. POOLE
MY COMMISSION EXPIRES
March 17, 2016

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

Last Name: SCHEER First Name: RYAN MI: D signed

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 26

Spouse Full Name (indicate N/A if single): AMBER LYNN SCHEER signed

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: EDMISTEN First Name: JASON MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 14

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: ZYWIEC First Name: BRENT MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 20

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: STEVENSON First Name: STEVE MI: _____

Social Security Number: _____ Date of Birth: _____

Title: VP Number of Shares 20

Spouse Full Name (indicate N/A if single): MICHELLE STEVENSON

Spouse Social Security Number: _____ Date of Birth: _____

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

Last Name: CIUREJ First Name: BROOKE MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 10

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: SCHAEFER First Name: CORY MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares 10

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

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Official Nebraska Government Website

RECEIVED
APR 16 2015
NEBRASKA LIQUOR CONTROL COMMISSION

Nebraska Department of Motor Vehicles

clickdmv (http://clickdmv.ne.gov/)

Purchase Successfull

Thank you for your purchase. A confirmation e-mail has been sent to the e-mail address you provided.

Order ID #:	
Order Total:	$3.00
Order Date/Time:	Mon Apr 13 2015 10:51:10

Driver Information

Name:	SCHEER, RYAN, D
County:	Lancaster (02)
Issued in County:	Lancaster (02)
Date of Birth:	
Sex:	
Race:	
Height:	
Weight:	
Eye Color:	
Hair Color:	
Issue Date:	

Driver Record

License Status:	VALID
Class:	O

Convictions

Offense	Citation Date	Judge Date	Court Info	Points	Withdrawal	Eligibility
Violate Stop Sign/Traffic Signal	06/28/2012	08/01/2012	County Court Lincoln (02) NE	Points: 1		
Speeding 1-10 MPH County/State	08/14/2011	09/29/2011	County Court Plattsmouth (20) NE	Points: 1		
Driving During Suspension	07/26/2003	09/09/2003	County Court Wahoo (06) NE	Points: 1		

Accidents

No Accidents Listed.

Withdrawals

No Withdrawals Listed.

Permits

No Permits Listed.

#1

Official Nebraska Government Website

Nebraska Department of Motor Vehicles

clickdmv (http://clickdmv.ne.gov/)

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APR 16 2015

NEBRASKA LIQUOR CONTROL COMMISSION

Purchase Successful!

Thank you for your purchase. A confirmation e-mail has been sent to the e-mail address you provided.

Order ID #:	
Order Total:	$3.00
Order Date/Time:	Mon Apr 13 2015 10:56:22

Driver Information

Name:	SCHEER, AMBER, L
County:	Lancaster (02)
Issued In County:	Lancaster (02)
Date of Birth:	
Sex:	
Race:	
Height:	
Weight:	
Eye Color:	
Hair Color:	
Issue Date:	

Driver Record

License Status:	VALID
Class:	O

Convictions

No convictions listed.

Accidents

No Accidents Listed.

Withdrawals

No Withdrawals Listed.

Permits

No Permits Listed.

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

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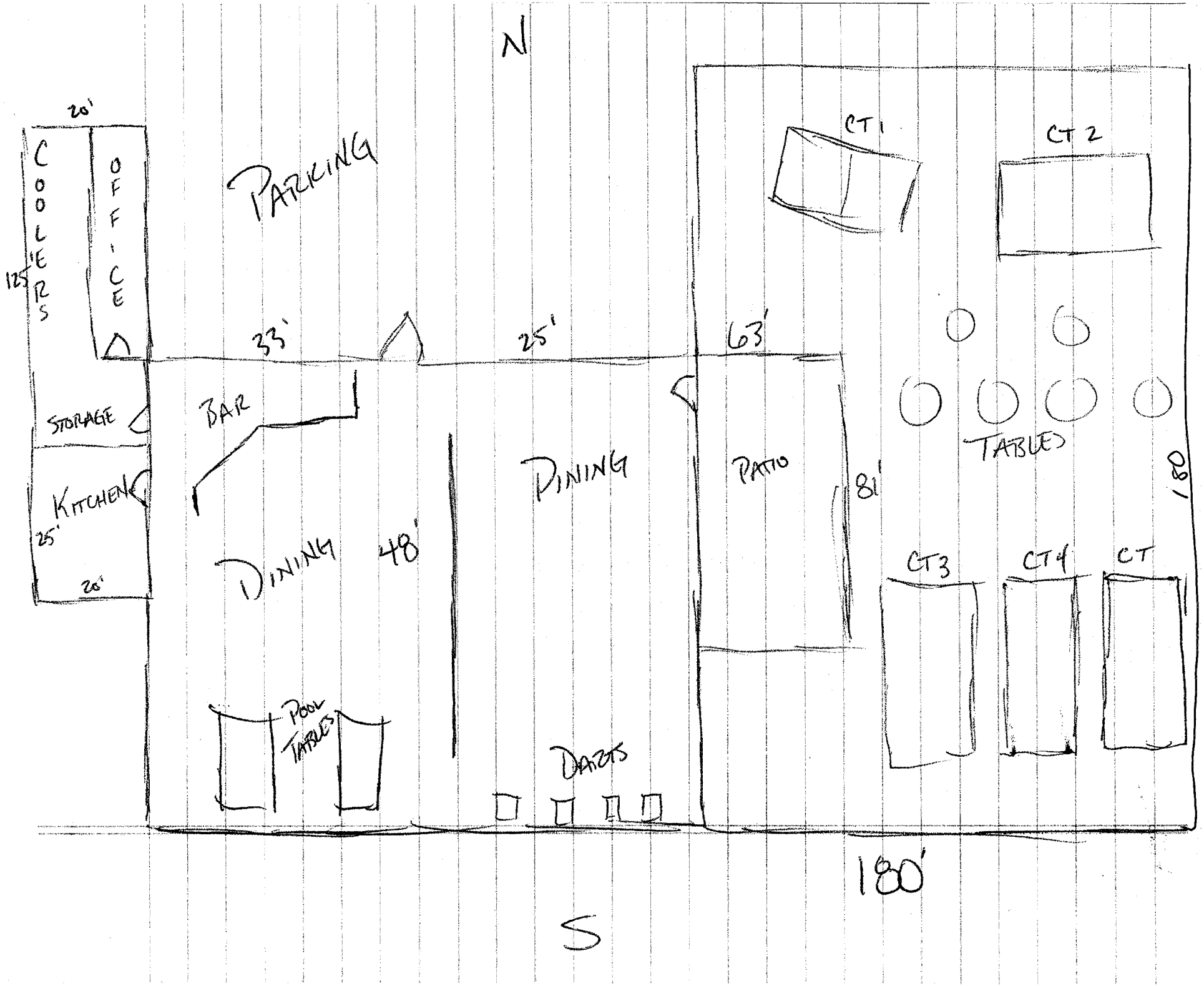
If yes, provide the Federal ID # _____ APR 16 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.


N
20'
COOLERS
OFFICE
125'
PARKING
33'
25'
63'
CT 1
CT 2
STORAGE
BAR
TABLES
KITCHEN
25'
20'
DINING
48'
DINING
PATIO
81'
180'
CT3
CT4
CT
POOL TABLES
DARTS
180'
S