

September 9, 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 Salt Creek Hospitality, LLC, DBA Towneplace Suites by Marriott, 7353 Husker Circle, requesting a class I-113993 liquor license.

David Wheaton is requesting that he be approved as the manager of the liquor license. Mr. Wheaton completed the required management training on February 14, 2013.

The president of Salt Creek Hospitality, LLC is the president and CEO of Pacific West Hotels & Resorts, Inc., a hospitality development, acquisition and investment company that owns resort hotels in California, Colorado, Kansas, Iowa, and Oklahoma.

Towneplace Suites by Marriott is managed by Ledgestone Hospitality Companies, of which the president of Salt Creek Hospitality, LLC is also a 1/3 stockholder.

Salt Creek Hospitality, LLC Corporate Officers/Stockholders/Members:

- Member 1: Kevin Bierl – President, 15%
- Member 2: H Family Group, LLC - Member, 50%
- Member 3: Austen Bierl – Member, 5%
- Member 4: Robert Garnett – Member, 5%
- Member 5: Anthony Pietig – Member, 5 %
- Member 6: Chad Kanne – Member, 5%
- Member 7: Tom Wieland – Member, 5%
- Member 8: Bill and Sharon Ryan, LLC – Stockholder, 5%
- Member 9: E.T. Video, Inc. – Stockholder, 5%

H Family Group, LLC Corporate Officers/Stockholders/Members:

- Member 1: Christopher Held, 100%

E.T. Video, Inc. Corporate Officers/Stockholders/Members:

- Member 1: Dierk Halverson – President, 50%
- Member 2: Roger Kanne – Vice President, 50%



Bill and Sharon Ryan, LLC Corporate Officers/Stockholders/Members:
Member 1: William Ryan, 100%

No areas of concern were found.

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 blue ink, appearing to read "Brian Jackson". The signature is stylized with large loops and a long horizontal stroke.

BRIAN JACKSON, Assistant 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

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**NEBRASKA LIQUOR
CONTROL COMMISSION**

Hot List: YES / NO	New/Replacing #
Class Type <u>I</u>	113993 Initial <u>JM</u>

Applicant name Salt Creek Hospitality, LLC
 Trade name Tawne Place Suites by Marriott
 Previous trade name N/A
 Contact email address Austen@Pacificwestdevelopment.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.

no crim hist reported on application | *147 submitted* | *9-2-15 entered into database*
Ag, FM, Enf, Local

Office use only PAYMENT TYPE <u>CK 1079</u> AMOUNT: <u>400</u> <u>Act 168482</u> Received: <u>JM</u>	 1500020308
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prints - Kevin Bierl
Marjorie Bierl
patrol - Christopher Held
Joan Held

David Wheaton - patrol

1. 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.

28,75 x 3

2. 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

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3. 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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NEBRASKA LIQUOR
CONTROL COMMISSION

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

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).

7. If requesting to operate on

8. Enclose a list of any invent

9. OK For citizenship enclose U.S.
a. For residency enclose pre
b. See guideline for further

10. OK Corporation or Limited Lia
the Secretary of State's Office. T

11. Submit a copy of your busi

RECEIPT

DATE	<u>8-4-15</u>	No.	<u>168482</u>
FROM	<u>New App</u>		
FOR	<u>Salt Creek</u>		
	<input type="checkbox"/>	CASH	
	<input checked="" type="checkbox"/>	CHECK #	<u>1079</u>
	<input type="checkbox"/>	MONEY#	
	<input type="checkbox"/>	ORDER	
Received by	<u>Jackie B Matulka</u>		

\$ 400

I acknowledge that this application is n
processing period is 60 days. Further
responsibility for any false documents.

Signature [Signature]

Date 6/2/15

written desc.
#17
Page 8, resigned
Affidavits - Marjorie
Joan

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RETAIL**

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CONTROL COMMISSION**

**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
 - 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

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)
- 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 _____ Phone number: _____
Firm Name _____

PREMISES INFORMATION

Trade Name (doing business as) TownePlace Suites by Marriott Lincoln North

Street Address #1 7353 Husker Circle

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68504

Premises Telephone number 402-323-2000

Business e-mail address dave.wheaton@marriott.com

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

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

Name ~~TownePlace Suites Lincoln North~~ Salt Creek Hospitality LLC

Street Address #1 7353 Husker Circle

Street Address #2 _____

City Lincoln State Nebraska Zip Code 68504

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 248 x width 105 in feet
Is there a basement? Yes _____ No xx
Is there an outdoor area? Yes xx No _____
2 patios

If yes, length _____ x width _____ in feet
If yes, length 62 x width 23 in feet
length 42 x width 45

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

The hotel is a 4 story building approx 248 feet long by 105 feet wide with two outdoor seating areas measuring approx. 62' x 23' and 45' x 42'. Beer & Wine will be sold from the Lobby market.

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.

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 AUG 4 2015 NEBRASKA LIQUOR 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 N/A

- 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 N/A

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.

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)
<i>Chris Held</i>	<i>7/15/15</i>	<i>FINC</i>

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
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		AUG 4 2015
		NEBRASKA LIQUOR CONTROL COMMISSION

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 _____
- Deed
- Purchase Agreement

14. When do you intend to open for business? August 1, 2015

15. What will be the main nature of business? Hotel Rooms

16. What are the anticipated hours of operation? 24 hours a day, 7 days a week

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Kevin Bierl, Margie Bierl	'97	'06	Scottsdale, Arizona	'96	'06
Kevin Bierl, Margie Bierl	'06	current	Scottsdale, Arizona	'06	current
Chris HELD, Jan Held	'93	current	Valley, NEBRASKA	'93	current

If necessary attach a separate sheet.

*Anyone
Feeling out
LLC Form
or
Corp.*

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]
Signature of Applicant

Kevin Bierl
Print Name

[Signature]
Signature of Applicant

Chris Held
Print Name

Signature of Spouse

Print Name AUG 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION
Signature of Spouse

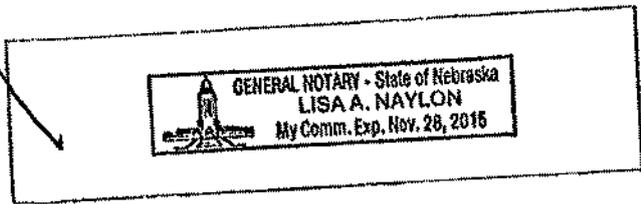
Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas
July 31 2015
date

The foregoing instrument was acknowledged before me this
by Kevin Bierl and Chris Held
name of person(s) acknowledged (individual(s) signing)

[Signature]
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

Office Use Only

Class: _____

License #: _____

SUBMISSION 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

Applicant Name: Salt Creek Hospitality, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Towneplace Suites Marriott
(Doing Business As)

(402) 323-2000
Phone Number

dave.wheaton@marriott.com
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.

1. Name: DAVID WHEATON Title: General Manager

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

2. Name: Kevin BIERL Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

3. Name: Chris Held Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

4. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

5. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

6. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

7. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

8. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

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): Kevin A. BIERL Title: MDM. Hamble

Signature:  Date: 6-4-15

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
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: Salt Creek Hospitality, LLC

Premise information

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

Premise Trade Name/DBA: Towneplace Suites by Marriott Lincoln North

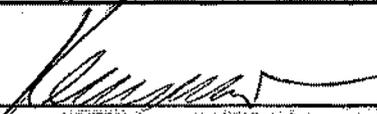
Premise Street Address: 7353 Husker Circle

City: Lincoln County: Lancaster Zip Code: 68504

Premise Phone Number: (402)323-2000

Email address: dave.wheaton@marriott.com

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

 Kevin A. Biehl

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

passport, voter reg, 147, signed

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Wheaton First Name: David MI: M

Home Address (include PO Box if applicable): 916 W Washington PL

City: Lincoln County: Lancaster Zip Code: 68522

Home Phone Number: (319)431-3695 Business Phone Number: (402)323-2000

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

Date Of Birth: _____ Place Of Birth: Rock Island, IL

Email address: dave.wheaton@marriott.com

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: _____ First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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
916 W Washington PL Lincoln, NE	2014	2015			
5420 S. 80th St Lincoln, NE	2009	2014			
2473 Harbor Landings Cir. Bellefontaine Neighbors, MO	2007	2009			
100 1st Ave NE Cedar Rapids, IA	2003	2007			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	2015	Hyatt Place Lincoln	Jennifer Brenna	605-336-2111
2003	2013	Kinseth Hospitality	Linda Skinner	319-626-5600

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	
			AUG 4 2015	
			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):

Hyatt Place Lincoln (TDP Phase Two, LLC) RESIDENCE In Lincoln (Village Gardens Hotel Assoc. LLC)

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: Dave M Wheaton

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Dave M Wheaton	02/2013	RBST Lic# RB-0035302
Dave M Wheaton	02/2013	Lincoln Alcohol Manager Lic# LNKAM-0035303
DAVE M WHEATON	7/2013	RESPONSIBLE HOSPITALITY COUNCIL

*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:
David Wheaton/General Manager	08/2013-03/2015	Hyatt Place Lincoln/Lincoln NE
David Wheaton/General Manager	03/2009-08/2013	Residence Inn Lincoln/Lincoln NE

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AUG 4 2015

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

147 submitted

**NEBRASKA LIQUOR
CONTROL COMMISSION**

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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AUG 4 2015

David Wheaton

Signature of Manager Applicant

NEBRASKA LIQUOR
CONTROL COMMISSION
Signature of Spouse

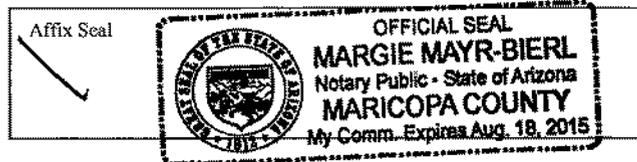
ACKNOWLEDGEMENT

State of ~~Nebraska~~ ^{Arizona}
County of Maricopa

6/27/15
date

The foregoing instrument was acknowledged before me this *dk*
by DAVID WHEATON
name of person acknowledged

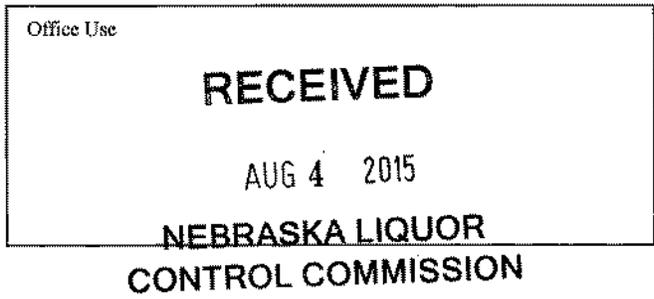
Margie Mayr-Bierl
Notary Public signature



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.

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

Name of Registered Agent: Lisa Naylor

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

Salt Creek Hospitality, LLC

LLC Address: 11506 Nicholas Street, Suite 100

City: Omaha State: Nebraska Zip Code: 68154

LLC Phone Number: 402-493-2800 LLC Fax Number: 496-496-2120

Name of Managing/Contact Member
Name and information of contact member must be listed on following page

Last Name: Bierl First Name: Kevin MI: A

Home Address: 10053 E Sundance Tr City: Scottsdale

State: Arizona Zip Code: 85255 Home Phone Number: 602-568-5550

[Signature]

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Arizona
County of Maricopa
Date 5/27/15

The foregoing instrument was acknowledged before me this
by Kevin Bierl
name of person acknowledge

Date
Margie Mayr Bierl



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

Last Name: BIERL First Name: KEVIN MI: A

Social Security Number: _____ Date of Birth: _____

X Spouse Full Name (indicate N/A if single): MARIE MAYR BIERL X SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 15

Last Name: BIERL First Name: AUSTEN MI: A

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 5

* Last Name: Bill and Sharon Ryan, LLC MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 5

Last Name: H. FAMILY GROUP, LLC First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50

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

Last Name: E.T. Video INC. First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 5

Last Name: Carnett First Name: Robert MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 5

Last Name: PIETIG First Name: Anthony MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 5

Last Name: Chad Kanne First Name: Chad MI: _____

Social Security Number: _____ Date of Birth: _____

X Spouse Full Name (indicate N/A if single): Holly Lyn Volquartsen -KANNE

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 5

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AUG 4 2015

NEBRASKA LIQUOR
CONTROL COMMISSION

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

Last Name: WISLAND First Name: Tom MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 5

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 _____

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 _____

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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AUG 4 2015

NEBRASKA LIQUOR CONTROL COMMISSION

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation N/A
- 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 company'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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AUG 4 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.

**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

Office Use

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: Chris Beck

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

E.T. Video Inc.

Corporation Address: 616 Velvet Ave PO Box 327

City: Coon Rapids State: IA Zip Code: 50058

Corporation Phone Number: 712-999-2229 Fax Number 712-999-5770

Total Number of Corporation Shares Issued: 1,000

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

Last Name: Halverson First Name: Dierk MI: K

Home Address: 2505 Velvet Ave City: Coon Rapids

State: IA Zip Code: 50058 Home Phone Number: 712-999-2250



Signature of President/CEO

ACKNOWLEDGEMENT

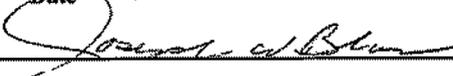
Iowa
State of ~~Nebraska~~
County of Carroll

The foregoing instrument was acknowledged before me this

21st day of July, 2015

by Joseph W Blum
name of person acknowledge

Date



Affix Seal



JOSEPH W. BLUM
Commission Number 158198
MY COMMISSION EXPIRES
10-25-17

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

Last Name: Halverson First Name: Dierk MI: K

Social Security Number: _____ Date of Birth: _____

Title: Pres Treas Director Number of Shares 500

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Kanne First Name: Roger MI: _____

Social Security Number: _____ Date of Birth: _____

Title: V. Pres Sec Director Number of Shares 500

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

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: _____

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

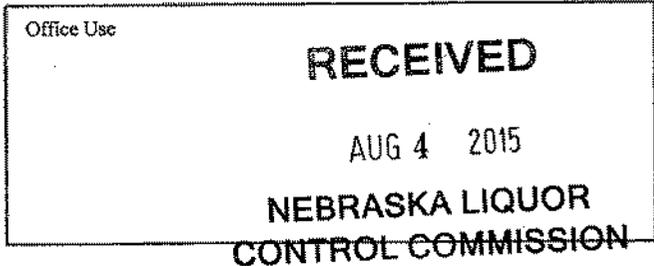
NO

If yes, provide the Federal ID # _____

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.

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

Name of Registered Agent: Lisa Naylon

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

H. Family Group, LLC

LLC Address: 11506 Nicholas Street #100

City: Omaha State: NE Zip Code: 68154

LLC Phone Number: 402.493.2800 LLC Fax Number 402.496.2120

Name of Managing/Contact Member

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

Last Name: Held First Name: Christopher MI: R.

Home Address: 54 Ginger Woods Road City: Valley

State: NE Zip Code: 68064 Home Phone Number: 402.333.7119

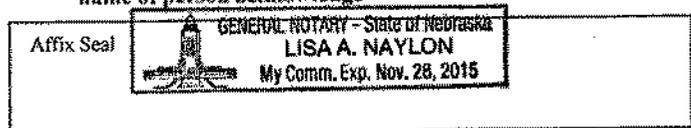


Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas
July 19, 2015
Date
Lisa A. Naylon

The foregoing instrument was acknowledged before me this
by Christopher R Held
name of person acknowledge



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

Last Name: Held First Name: Christopher MI: R

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Joan S. Held

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

Last Name: Held First Name: Joan MI: S.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Christopher R. Held

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership ∅

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 _____

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 _____

Is the applying Limited Liability Company 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 company'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 #. _____

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

Office Use

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**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
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 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 (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: William C. Ryan

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

Bill and Sharm Ryan LLC

LLC Address: 2450 S Arizona Ave Ste1 Chandler

City: Chandler State: Ariz Zip Code: 85286

LLC Phone Number: 480 694 7733 LLC Fax Number: Bill Ryan Remax@Gmail.com

Name of Managing/Contact Member

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

Last Name: Ryan First Name: Bill MI: C

Home Address: 122 W Macaw City: Chandler

State: AZ Zip Code: 85286 Home Phone Number: 480 694 7733

[Signature]
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska
County of _____

The foregoing instrument was acknowledged before me this

by _____

name of person acknowledge

Date _____

Affix Seal

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

Last Name: Ryan First Name: Bill MI: C
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): Sharon L Ryan
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership 100%

~~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 _____~~

~~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 _____~~

~~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 _____~~

Articles

CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

1. The name of the Limited Liability Company is: SALT CREEK HOSPITALITY, LLC
2. The complete street and mailing addresses of the initial designated/principal office:

11506 Nicholas Street, Suite 100
Omaha, NE 68154

3. The name and complete address of the registered agent:

Lisa Naylor
11506 Nicholas Street, Suite 100
Omaha, NE 68154

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NEBRASKA LIQUOR
CONTROL COMMISSION

4. The name and address of at least one member or manager of the limited liability company:

Christopher Held, Manager 11506 Nicholas Street, Suite 100
Omaha, NE 68154

5. Mailing address for future correspondence (annual report notices):

11506 Nicholas Street, Suite 100
Omaha, NE 68154

Signature of a manager, member or authorized person.

Signature



Christopher Held, Manager

Is the applying Limited Liability Company 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 company's tax year with the IRS (Example January through December)

Starting Date: 1/1/14 Ending Date: 12/31/14

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. 27-4062941

This is a Self Directed IRA
as a LLC

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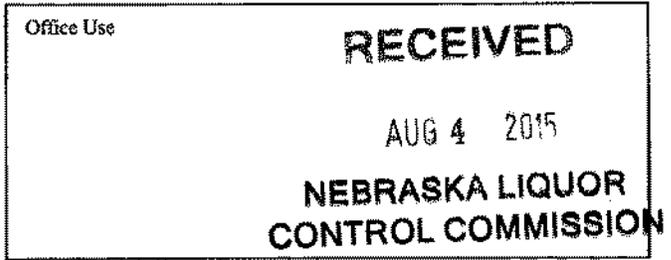
AUG 4 2015

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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

x Margie May Bierl
Signature of spouse asking for waiver
(Spouse of individual listed below)

Margie May Bierl
Printed name of spouse asking for waiver

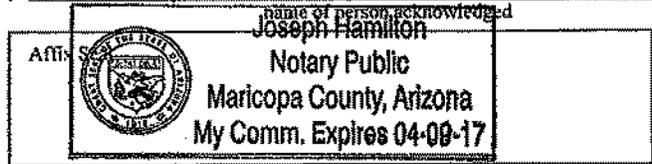
State of Arizona

County of Maricopa

July 28th 2015
date

The foregoing instrument was acknowledged before me this
by Margie Bierl

[Signature]
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

x [Signature]
Signature of individual involved with application
(Spouse of individual listed above)

Kevin A. Bierl
Printed name of applying individual

State of Arizona

County of Maricopa

7-28-2015
date

The foregoing instrument was acknowledged before me this
by Kevin A. Bierl
name of person acknowledged

[Signature]
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

Office Use
RECEIVED
AUG 4 2015
NEBRASKA LIQUOR

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Joan S. Held
Signature of spouse asking for waiver
(Spouse of individual listed below)

Joan S. Held
Printed name of spouse asking for waiver

State of Nebraska

County of Douglas

July 17, 2015
date

The foregoing instrument was acknowledged before me this
by Joan S. Held
name of person acknowledged

Lisa A. Naylor
Notary Public signature

Affix Seal 

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Christopher R. Held
Signature of individual involved with application
(Spouse of individual listed above)

Christopher R. Held
Printed name of applying individual

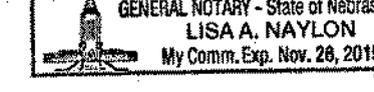
State of Nebraska

County of Douglas

July 20, 2015
date

The foregoing instrument was acknowledged before me this
by Christopher R. Held
name of person acknowledged

Lisa A. Naylor
Notary Public signature

Affix Seal 

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

COMMISSIONERS
KRISTINK HAYES - Chairman
GARY PIERCE
PAUL NEWMAN
SANDRA D. KENNEDY
BOB STUMP



ERNEST G. JOHNSON
Executive Director

JEFF GRANT
Director
Corporations Division

ARIZONA CORPORATION COMMISSION

October 7, 2010

VALLEY DOCS & PARALEGAL SERVIC
1030 E. BASELINE RD., #105
FMB 907
TEMPE, AZ 85283

RE: BILL AND SHARON RYAN, LLC
File Number: L16310164

We are pleased to notify you that the Articles of Organization for the above-referenced entity **HAVE BEEN APPROVED**.

You must publish a Notice of the filing of your Articles of Organization or, alternatively, you may publish the Articles of Organization in their entirety. For your convenience, we have provided a Notice form that you can complete and submit to the newspaper of your choice. The publication must be in a newspaper of general circulation in the county of the known place of business in Arizona for three consecutive publications. Publication must be completed **WITHIN 60 DAYS** after October 7, 2010, which is the date the document was approved for filing by the Commission. A list of acceptable newspapers in each county is enclosed and is also available on the Commission website. The limited liability company may be subject to administrative dissolution if it fails to publish. You will receive an Affidavit of Publication from the newspaper, and you may file it with the Commission.

We strongly recommend that you periodically monitor your company's record with the Commission, which can be viewed at www.azco.gov/Divisions/Corporations. If you have questions or need further information, please contact us at (602) 542-3026 in Phoenix, or Toll Free (Arizona Residents only) at 1-800-345-5819.

Sincerely,

Enrique Lira
Examiner
Corporations Division

LL:13
REV. 01/2009

Front of Hotel

1st Floor

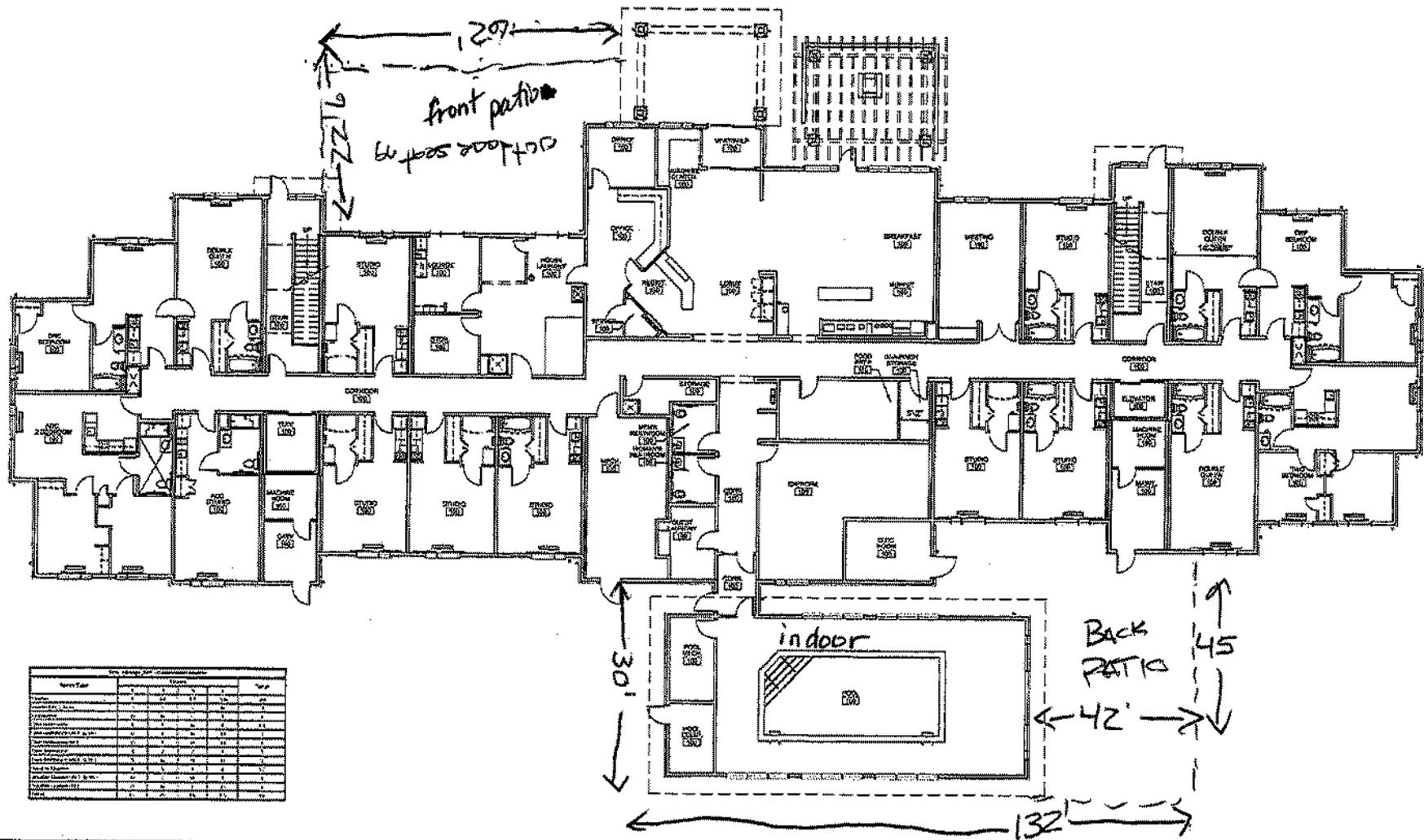
248' 2"

75' 3"

150' 1"

129'
front patio
outdoor seat 9

30'
indoor
Back PATIO
45'
42'
132'



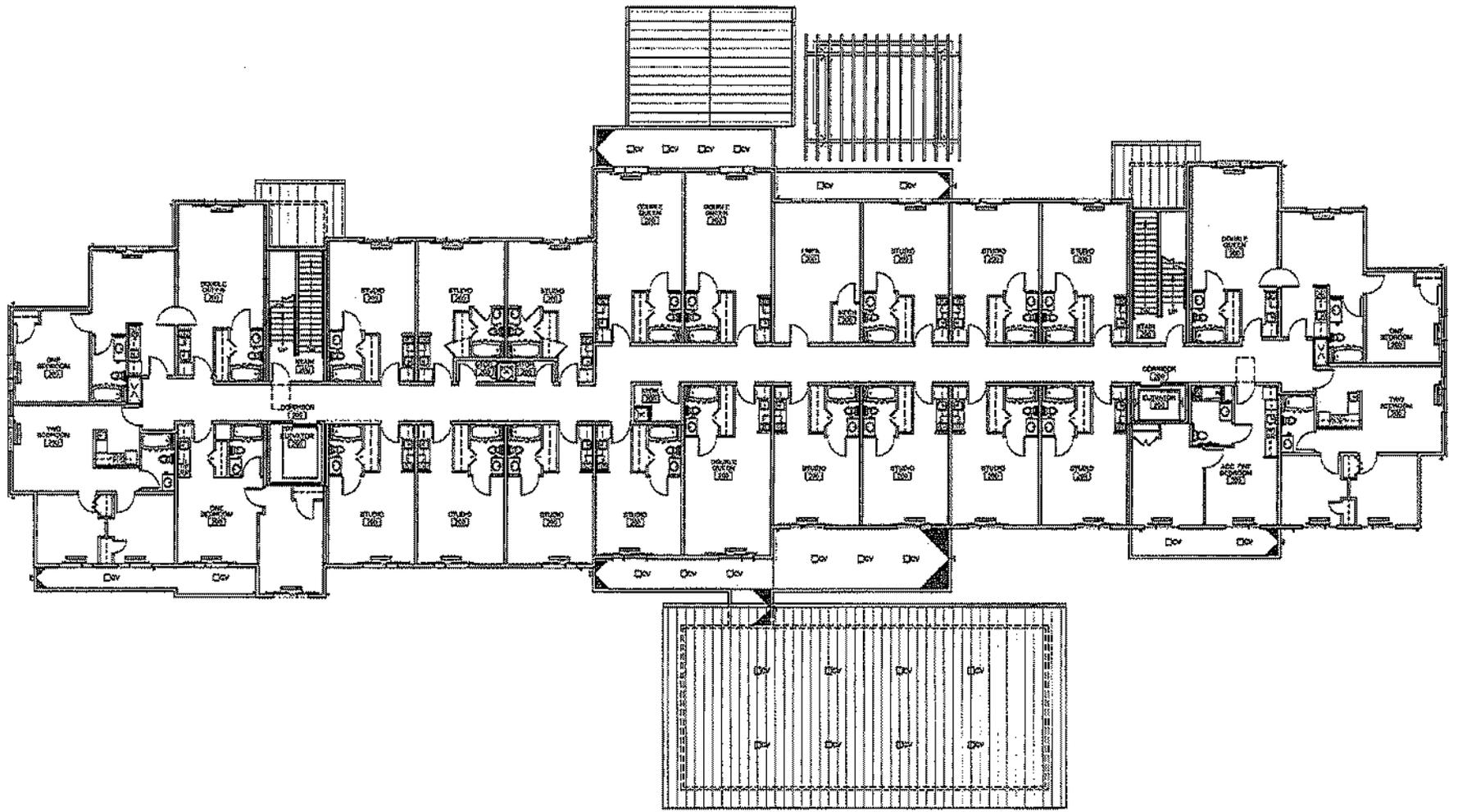
Room No.	Room Name	Area	Notes
101	Room		
102	Room		
103	Room		
104	Room		
105	Room		
106	Room		
107	Room		
108	Room		
109	Room		
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145	Room		
146	Room		
147	Room		
148	Room		
149	Room		
150	Room		



2ND FLOOR

← 75' 3" →

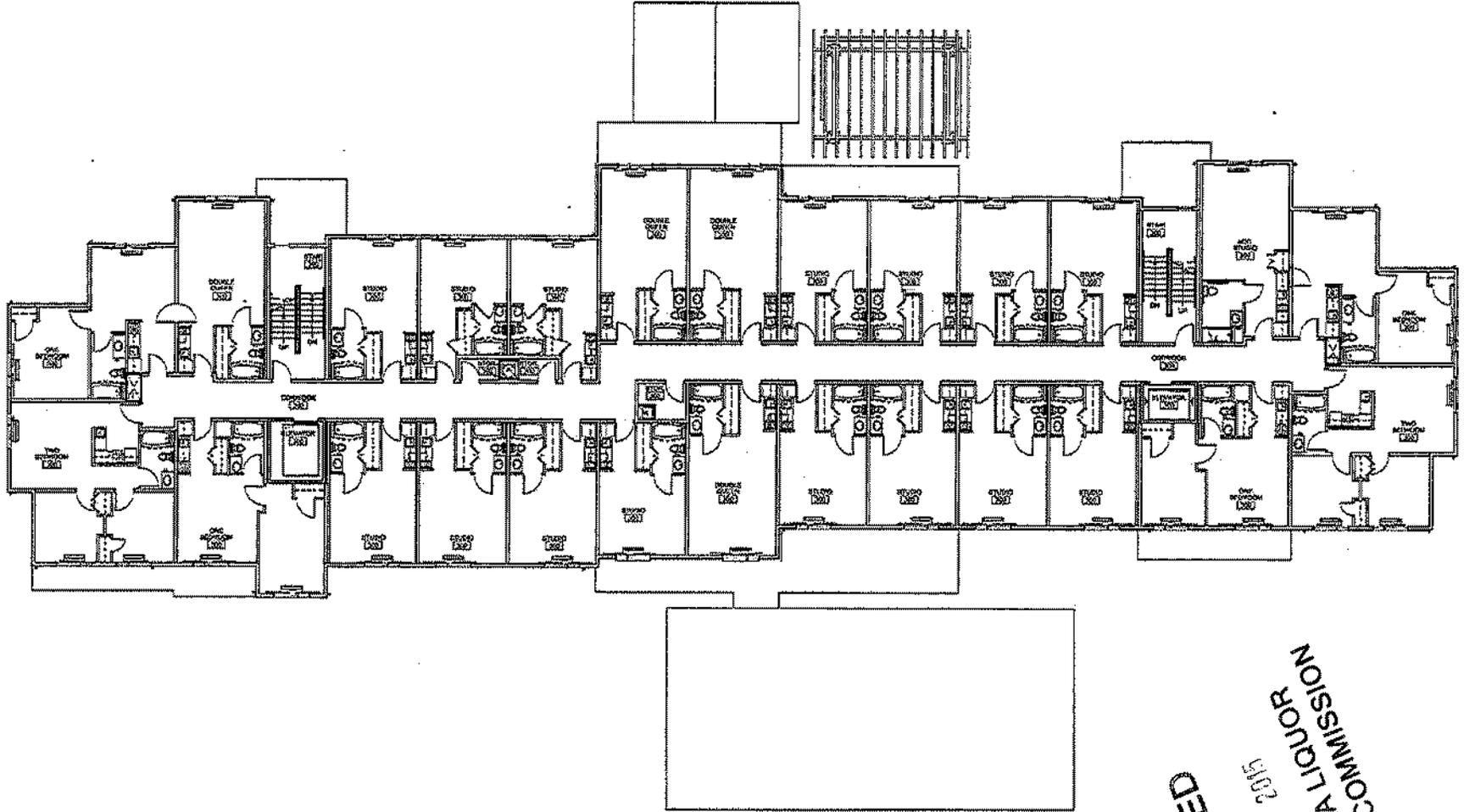
← 248' 2" →



3rd Floor

75' 3"

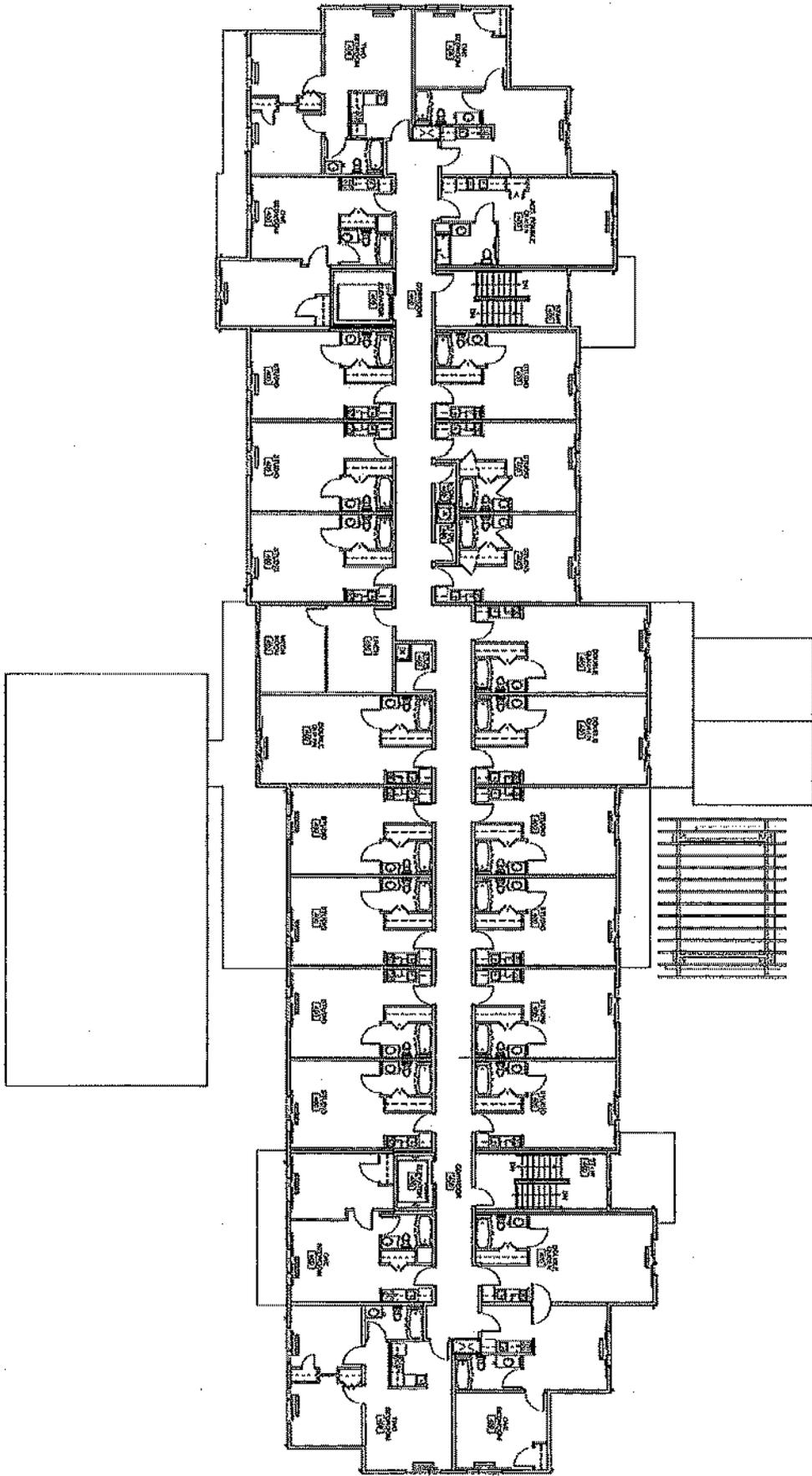
248'-2"



RECEIVED
AUG 4 2015
NEBRASKA LIQUOR
CONTROL COMMISSION

4th Floor

← 75' 3" →



↑ 248' 2" ↓