



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 3, 2009

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 Courtside Banquet Hall, 710 Hill Street requesting a class I liquor license.

This location currently has a class I liquor license but has been sold to Joel Schossow.

Mr. Schossow requests he be approved as the manager of the license. Background information will be omitted as Mr. Schossow was approved by Council on 8-3-2009 as a manager of a liquor license.

The required training was completed on July 9, 2009.

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.

THOMAS K. CASADY, Chief of Police



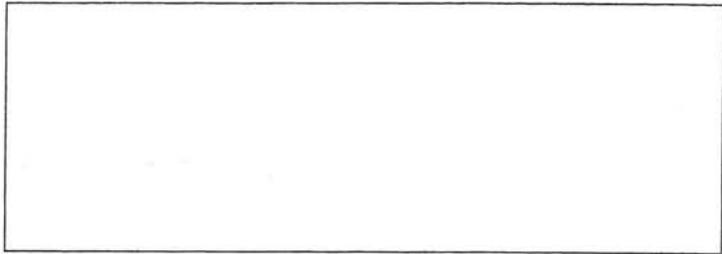
A nationally accredited law enforcement agency



APPLICATION FOR LIQUOR LICENSE

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

45 = 12/17/09



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

RETAIL LICENSE(S)

		<u>Application Fee</u>
<input type="checkbox"/>	A BEER, ON SALE ONLY	\$45.00
<input type="checkbox"/>	B BEER, OFF SALE ONLY	\$45.00
<input type="checkbox"/>	C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE	\$45.00
<input type="checkbox"/>	D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY	\$45.00
<input checked="" type="checkbox"/>	I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY	\$45.00
<input type="checkbox"/>	Class K Catering license (requires catering application form)	\$100.00

MISCELLANEOUS

		<u>Application Fee</u>	<u>Bond Required</u>
<input type="checkbox"/>	L Craft Brewery (Brew Pub)	\$295.00	\$1,000 minimum
<input type="checkbox"/>	O Boat	\$ 95.00	none
<input type="checkbox"/>	V Manufacturer		
<input type="checkbox"/>	Alcohol & Spirits	\$1,045.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$145.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$245.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$395.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$545.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$695.00	\$1,000 minimum
<input type="checkbox"/>	Beer (excluding produced by a craft brewery)	\$745.00	\$1,000 minimum
<input type="checkbox"/>	W Wholesale Beer	\$545.00	\$5,000 minimum
<input type="checkbox"/>	X Wholesale Liquor	\$795.00	\$5,000 minimum
<input type="checkbox"/>	Y Farm Winery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Z Micro Distillery	\$295.00	\$1,000 minimum
<input type="checkbox"/>	Copy of TTB permit (if applying for L, V, W, X, Y or Z)		

*daily capacity, average daily barrel production for the previous twelve months of manufacturing operation. If no such basis for comparison exists, the manufacturing licensee shall pay in advance for the first year's operation a fee of five hundred dollars

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering license (K) expires same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

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

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(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) Courtside Banquet Hall

Street Address #1 ~~710 Hill St~~ 6772 Wildrye Rd 710 Hill St

Street Address #2 _____

City Lincoln County Lancaster #2 Zip Code 68521 ~~68506~~

Premise Telephone number 402-440-1513

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

City

Mail address (where you want receipt of mail from the commission)

Name SAME

Street Address #1 _____

Street Address #2 _____

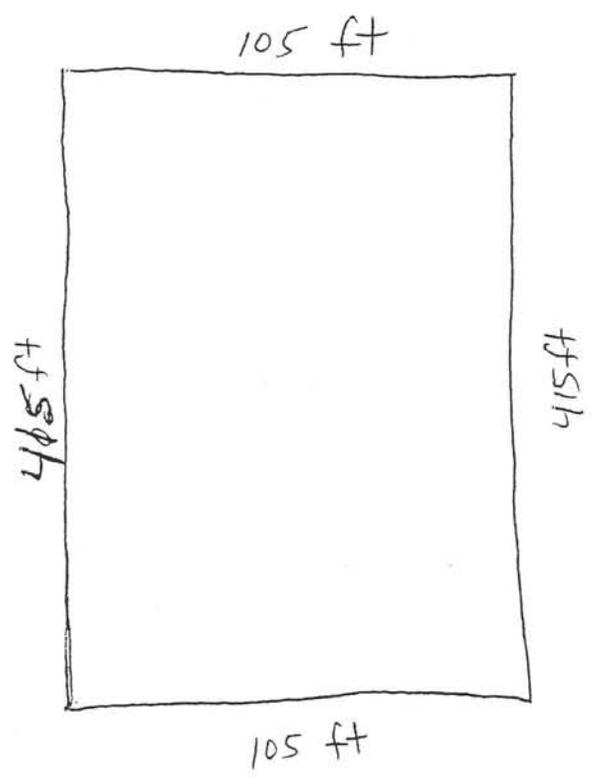
City _____ State _____ Zip Code _____

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, 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 in all situations. 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

1 Story
No Basement



APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

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

YES NO

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

Traffic Tickets - non-alcohol related

2. Are you buying the business and/or assets of a licensee?

YES NO

If yes, give name of business and license number Courtside Bouquet 83676

a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.

b) Include a list of alcohol being purchased, list the name brand, container size and how many?

none per Joel
per Joel none

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES NO

If yes, attach temporary agency agreement form and signature card from the bank.

This agreement is not effective until you receive your three (3) digit ID number from the Commission.

4. Are you borrowing any money from any source to establish and/or operate the business?

YES NO

If yes, list the lender _____

5. 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. _____

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

YES NO

If yes, list such items and the owner. _____

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES NO

If yes, explain. _____

No silent partners

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

YES NO

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

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

✓ US Bank Sean Davis / Joel Schossow

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.

✓ Guest House Inn

12. List the 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)
- d) Limited Liability Company, manager only (no spouse)

Will be faxing a copy of Certificate

Name:	Date:	Where:
Joel Schossow	02/05 - 07/09	Holiday Inn - Lincoln B.G. Apple Fun Center

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 expires 9-30-2012
 Deed
 Purchase Agreement

14. When do you intend to open for business? NOVEMBER Nov 23rd
 15. What will be the main nature of business? Banquet Events
 16. What are the anticipated hours of operation? 3AM - 1AM

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Lincoln, NE / Joel Schossow	04/05	present	SAME		
Lenexa, KS / Joel Schossow	12/99	03/05	SAME		

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

✓ [Signature]
Signature of Applicant

✓ [Signature]
Signature of Spouse

✓ [Signature]
Signature of Applicant

✓ [Signature]
Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

Signature of Applicant

Signature of Spouse

State of Nebraska

County of Lancaster

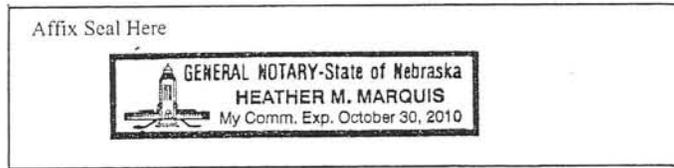
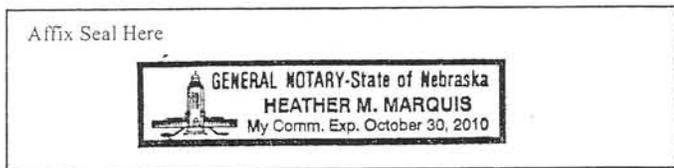
County of Lancaster

The foregoing instrument was acknowledged before me this 22nd Oct, 09 by

The foregoing instrument was acknowledged before me this 22nd Oct, 09 by

[Signature]
[Signature]
Notary Public signature

[Signature]
[Signature]
Notary Public signature



in compliance with the ADA, this manager insert form 3c 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

Office Use

Corporate manager, including spouse, are required to adhere to the following requirements
If spouse filed affidavit of non-participation fingerprints and proof of citizenship not required

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of birth certificate, naturalization paper or US passport
- 4) Must submit fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

BC ✓
Voter reg. ✓
OK

Corporation/Limited Liability Corporation (LLC) information

Name of Corporation/LLC: Lincoln Bison, LLC

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Courtside Banquet Hall

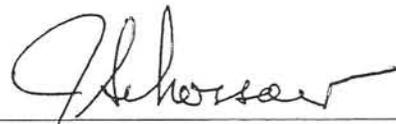
Premise Street Address: 710 Hill St

City: Lincoln, NE 68502 Zip Code: _____

Premise Phone Number: 402-440-1513

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

✓
Joel Schossow



CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Schossow First Name: Joel MI: W

Home Address (include PO Box if applicable): 6772 Wildrye Rd

City: Lincoln State: NE Zip Code: 68521

Home Phone Number: 402-570-4406 Business Phone Number: 402-464-3171

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

Date Of Birth: _____ Place Of Birth: Pocahontas, IA

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: Schossow First Name: Heather MI: NE

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

Date Of Birth: _____ Place Of Birth: St Paul, NE

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

APPLICANT		SPOUSE	
CITY & STATE	YEAR FROM TO	CITY & STATE	YEAR FROM TO
<u>6772 Wildrye Rd</u>	<u>2005 present</u>	<u>Same</u>	
<u>21011 W 98th St Leavenworth, KS</u>	<u>Dec 99 Sept 05</u>	<u>Same</u>	

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
<u>Feb 05 July 07</u>	<u>Holiday Inn</u>	<u>Rick Tabbach</u>	<u>360-737-0442</u>
<u>Mar 03 Feb 05</u>	<u>Holiday Inn</u>	<u>Dennis Hulsing</u>	<u>828-280-2897</u>

1. READ PARAGRAPH CAREFULLY AND ANSWER COMPLETELY AND ACCURATELY.

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

YES NO If yes, please explain below or attach a separate page.

Traffic Tickets - non-alcohol related

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES NO GuestHouse Inn

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES NO prints on file

5. Do you have any experience in selling alcohol in the State of Nebraska?
If so list training and/or experience (when and where)

training cert. enclosed

Date:	Where:
Mar 09- Present	GuestHouse Inn
Feb 05- July 07	Holiday Inn

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.

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.

[Handwritten Signature]

Signature of Manager Applicant

[Handwritten Signature]

Signature of Spouse

State of Nebraska

County of LANCASTER

County of Lancaster

The foregoing instrument was acknowledged before me this 27th day of October, 2009 by

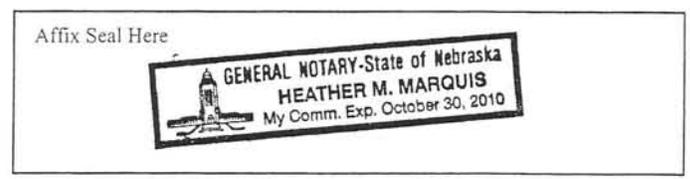
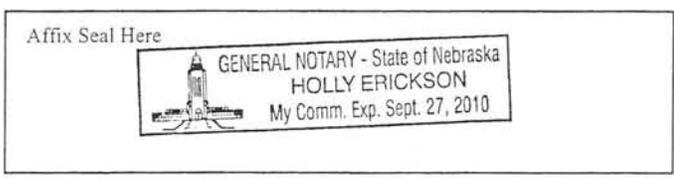
The foregoing instrument was acknowledged before me this 27th day of October, 2009 by

[Handwritten Signature]

Notary Public signature

[Handwritten Signature]

Notary Public signature



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

STATE OF IOWA

STATE OF IOWA
DEPARTMENT OF HEALTH

114-69-

CERTIFICATE OF LIVE BIRTH

BIRTH NUMBER

CHILD NAME FIRST MIDDLE LAST Joel William Schossow			DATE OF BIRTH (MONTH, DAY, YEAR) 2a		HOUR 2b 9:27p M.
SEX 1 Male	THIS BIRTH—SINGLE, TWIN, TRIPLE, ETC. (SPECIFY) 2a Single	IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) 2b		COUNTY OF BIRTH 3a Pocahontas	
CITY, TOWN, OR LOCATION OF BIRTH 3a Pocahontas		INSIDE CITY LIMITS (SPECIFY YES OR NO) 3b Yes	HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) 3c Pocahontas Community Hospital		
MOTHER—MAIDEN NAME FIRST MIDDLE LAST 4a Bonita Ann Beekmann			AGE (AT TIME OF THIS BIRTH) 4b 23	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 4c Iowa	
RESIDENCE—STATE 7a Iowa	COUNTY 7b Pocahontas	CITY, TOWN, OR LOCATION 7c Pocahontas		INSIDE CITY LIMITS (SPECIFY YES OR NO) 7d Yes	STREET AND NUMBER 7e 15 1st Ave. N.E.
FATHER—NAME FIRST MIDDLE LAST 8a Cecil William Schossow, Jr.			AGE (AT TIME OF THIS BIRTH) 8b 23	STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) 8c Iowa	
INFORMANT 9a Cecil W. Schossow, Jr.			RELATION TO CHILD 9b Father		
I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			DATE SIGNED (MONTH, DAY, YEAR) 10b 10/6/69	ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY BY TITLE) 10c M. D.	
SIGNATURE 11a <i>[Signature]</i>			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 11b Pocahontas, Iowa		
CERTIFIER—NAME (TYPE OR PRINT) 12a John M. Rhodes, M.D.			DATE RECEIVED BY LOCAL REGISTRAR 13a October 8, 1969		
REGISTRAR—SIGNATURE 14a <i>[Signature]</i>					

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.
This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

APR 12 2005

DATE ISSUED
S0745702

FORM #588-0328S (01/2005)

Thomas J. Vilsack
GOVERNOR, STATE OF IOWA
Sally J. Pederson, Lt. Governor

[Signature]
DEPUTY STATE REGISTRAR

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA HEALTH AND HUMAN SERVICES SYSTEM, VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

04/27/2006
LINCOLN, NEBRASKA

Stanley S. Cooper
STANLEY S. COOPER
ASSISTANT STATE REGISTRAR
HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA—DEPARTMENT OF HEALTH Bureau of Vital Statistics

73

CERTIFICATE OF LIVE BIRTH

CHILD—NAME			DATE OF BIRTH (MONTH, DAY, YEAR)		BIRTH NUMBER	HOUR
FIRST	MIDDLE	LAST	1a.	2a.		
1. Heather Renee Castle			2a.			6:43 P.M.
3. Female		4a. Twin		4b. First		5a. Howard
6a. St. Paul			6b. Yes		6c. Howard County Community Hospital	
7a. Nebraska			7b. Greeley		7c. Greeley 68842	
8a. Patrick Roy Castle			8b. 22		8c. Nebraska	
9a. Cheryle Castle					9b. Mother	
10a. R.M. Fruehling MD			10b. St. Paul, Nebraska 68873		10c. Medical Doctor	
11a. Lucile Reynolds			11b. 11 5 1973			

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

All LCC members, including spouses, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must provide a copy of their certified birth certificate or INS papers
- 3) Must submit their fingerprints (2 cards per person)
- 4) Must sign the signature page of the Application for License form (even if spousal affidavit has been submitted)

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

Name of Registered Agent: Joel Schossow

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

Lincoln Bison, LLC

LLC Address: 14445 West 121st Terrace

City: Olathe State: KS Zip Code: 66062

LLC Phone Number: 402-570-4406 Fax Number 402-464-7439

Name of Contact Member (Name and information of contact member must be listed on following page)

Last Name: Joel Schossow First Name: Joel MI: W

Home Address: 6772 Wildcye City: Lincoln

State: NE Zip Code: 68521 Home Phone Number: 402-570-4406

[Signature]
Signature of Contact Member

State of Nebraska
County of LANCASTER

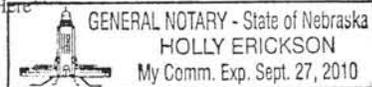
The foregoing instrument was acknowledged before me this

21th day of October, 2009
date

by JOEL SCHOSSOW
name of person acknowledged

[Signature]
Notary Public signature

Affix Seal Here



NE Resident

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

Last Name: Schossow First Name: Joel MI: W

Social Security Number: _____ Date of Birth: 1-7-

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

Spouse Social Security Number: _____ Date of Birth: _____

signed
OK voter reg
BC
prints on file
signed
OK voter reg
BC
prints on file

Last Name: Davis First Name: Sean MI: A

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

signed
OK BC
prints on file
signed
BC
prints on file

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: _____

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: _____

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: _____

Is the applying Limited Liability Company controlled by another Corporation/Company?

YES

NO

If yes, provide the name of corporation/company and supply an organizational chart

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

Starting Date: Jan 1 Ending Date: Dec 31

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #.

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

OFFICE OF RECORDER
COUNTY OF ALAMEDA
OAKLAND, CALIFORNIA

104-70-

CERTIFICATE OF LIVE BIRTH

6015

STATE BIRTH CERTIFICATE NUMBER

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

1. THIS CHILD	1a. NAME OF CHILD—FIRST NAME SEAN	1b. MIDDLE NAME PATRICK	1c. LAST NAME DAVIS
	2. SEX Male	3a. THIS BIRTH, SINGLE, TWIN OR TRIPLET? Single	3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?
PLACE OF BIRTH	4a. DATE OF BIRTH—MONTH, DAY, YEAR	4b. HOUR	
	5a. PLACE OF BIRTH—NAME OF HOSPITAL Samuel Merritt 09	5b. STREET ADDRESS (STREET, AND ALIAS, R. OR LOCATION) 350 Hawthorne Ave.	5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes
MOTHER OF CHILD	5d. CITY OR TOWN Oakland	5e. COUNTY Alameda	
	6a. MAIDEN NAME OF MOTHER—FIRST NAME Marilyn	6b. MIDDLE NAME Kathryn	6c. LAST NAME (MAIDEN SURNAME) Esser
	7. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa	8. AGE OF MOTHER (AT TIME OF THIS BIRTH) 27 YEARS	9. COLOR OR RACE OF MOTHER White
	10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS OR COTTAGE) 452 Oakland Ave.	10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO) Yes	
FATHER OF CHILD	10c. RESIDENCE OF MOTHER—CITY OR TOWN Oakland 035	10d. RESIDENCE OF MOTHER—COUNTY Alameda	10e. RESIDENCE OF MOTHER—STATE California
	11a. NAME OF FATHER—FIRST NAME Patrick	11b. MIDDLE NAME Ernest	11c. LAST NAME Davis
	12. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Iowa	13. AGE OF FATHER (AT TIME OF THIS BIRTH) 29 YEARS	14. COLOR OR RACE OF FATHER White
	15. PRESENT OR LAST OCCUPATION Salesman	15a. KIND OF INDUSTRY OR BUSINESS Oil Co.	
INFORMANT'S CERTIFICATION	16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY) <i>Marilyn & Kathryn Davis</i>		16b. DATE REVIEWED AND SIGNED BY INFORMANT 12-7-70
ATTENDANT'S CERTIFICATION	17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE <i>Robert A. Nelson, M.D.</i>		17b. DATE REVIEWED BY PHYSICIAN OR OTHER ATTENDANT 9 Dec 70
	17c. ADDRESS 461 34th St Oakland	17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER 19987	
LOCAL REGISTRAR	18.	19. LOCAL REGISTRAR—SIGNATURE <i>James ...</i>	20. DATE RECEIVED FOR REGISTRATION BY LOCAL REGISTRAR DEC 15 1970

OK



001941988

CERTIFIED COPY OF VITAL RECORD
STATE OF CALIFORNIA, COUNTY OF ALAMEDA



001941988

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Alameda County Recorder.

Patrick O'Connell
PATRICK O'CONNELL
ALAMEDA COUNTY RECORDER

DATE ISSUED MAR 2 6 2005

This copy is not valid unless prepared on an engraved border displaying the date, seal and signature of the Recorder.



DELAWARE COUNTY HEALTH DEPARTMENT
Division of Vital Statistics
CERTIFICATE OF LIVE BIRTH

FATHER - NAME CHRISTOPHER D. BARNACK		MOTHER - NAME THAN		DATE OF BIRTH [REDACTED]		TIME 7:12p	
SEX Female		WEIGHT AT BIRTH 8.5		LENGTH OF BIRTH 20.5		COUNT OF BIRTH 1	
CITY, TOWNSHIP, COUNTY OF BIRTH Geeta		HOSPITAL NAME Birgram Mercy Hospital		ADDRESS (HOUSE, CONDO, APARTMENT, ETC.) [REDACTED]		CITY, STATE, ZIP CODE [REDACTED]	
MOTHER - MARRIED NAME CHRISTINA ELIZABETH WALLACE		MOTHER - BIRTH NAME [REDACTED]		AGE OF MOTHER AT BIRTH 27		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	
FATHER - MARRIED NAME CHRISTOPHER D. BARNACK		FATHER - BIRTH NAME [REDACTED]		AGE OF FATHER AT BIRTH 28		STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska	
MOTHER - PLACE OF BIRTH Geeta		FATHER - PLACE OF BIRTH Geeta		MOTHER - DATE OF BIRTH 12-10-69		FATHER - DATE OF BIRTH 12-10-69	
MOTHER - CITY, TOWNSHIP, COUNTY OF BIRTH Geeta 68103		FATHER - CITY, TOWNSHIP, COUNTY OF BIRTH Geeta 68103		MOTHER - ADDRESS (HOUSE, CONDO, APARTMENT, ETC.) 2506 South 3rd Street		FATHER - ADDRESS (HOUSE, CONDO, APARTMENT, ETC.) [REDACTED]	
MOTHER - STATE OF BIRTH Nebraska		FATHER - STATE OF BIRTH Nebraska		MOTHER - DATE OF DEATH [REDACTED]		FATHER - DATE OF DEATH [REDACTED]	
MOTHER - OCCUPATION Teacher		FATHER - OCCUPATION Teacher		MOTHER - EDUCATION [REDACTED]		FATHER - EDUCATION [REDACTED]	
MOTHER - SIGNATURE <i>[Signature]</i>		FATHER - SIGNATURE <i>[Signature]</i>		MOTHER - PRINTED NAME CHRISTINA E. WALLACE		FATHER - PRINTED NAME CHRISTOPHER D. BARNACK	
MOTHER - ADDRESS (HOUSE, CONDO, APARTMENT, ETC.) [REDACTED]		FATHER - ADDRESS (HOUSE, CONDO, APARTMENT, ETC.) [REDACTED]		MOTHER - CITY, STATE, ZIP CODE Geeta, Nebraska		FATHER - CITY, STATE, ZIP CODE Geeta, Nebraska	
MOTHER - PHONE NUMBER [REDACTED]		FATHER - PHONE NUMBER [REDACTED]		MOTHER - DATE OF RECORDING DEC 15 2009		FATHER - DATE OF RECORDING DEC 15 2009	

[Handwritten notes and signatures]
AP 1000
DEC 29 2009

