



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

December 6, 2011

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 Nebraska Champions Club, 707 Stadium Drive requesting a class C/K liquor license.

Chad Carlson has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as Mr. Carlson is a currently approved liquor license manager for Misty's.

A waiver for this application has been approved by the University of Nebraska

The required training was completed on June 6th 2010.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



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PREMISE INFORMATION

Trade Name (doing business as) Misty's NOV 28 2011
 Street Address #1 Nebraska Champions Club NEBRASKA LIQUOR
 Street Address #2 707 Stadium Drive CONTROL COMMISSION
 City Lincoln County Lancaster Zip Code 68508
 Premise Telephone number (402) 429-6443

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

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

Name Chad W. Carlson
 Street Address #1 6235 Havelock Ave.
 Street Address #2 _____
 City Lincoln State NE Zip Code 68507

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

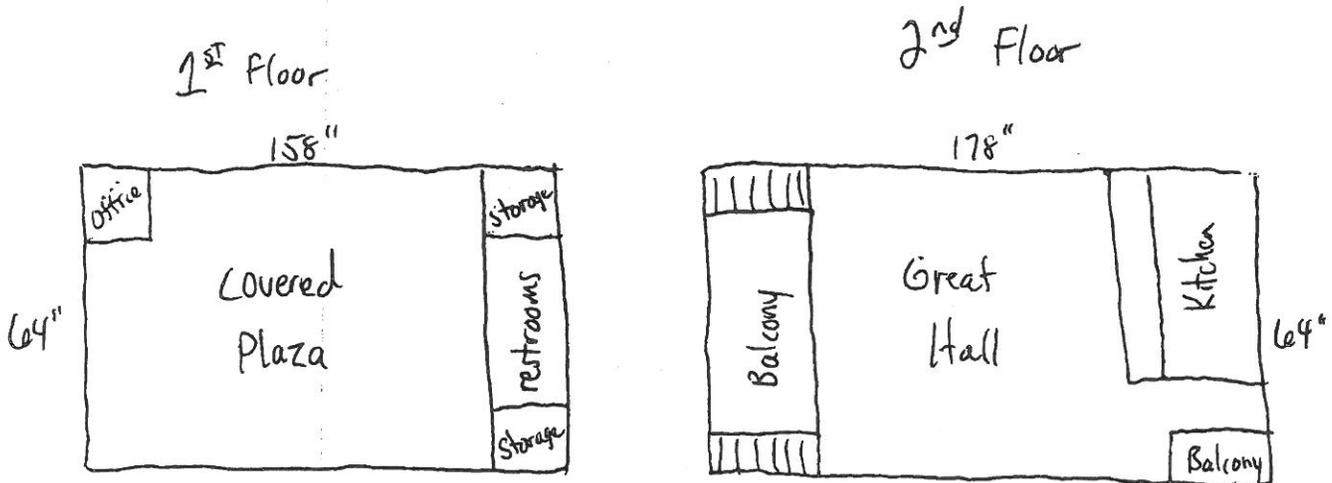
READ CAREFULLY

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

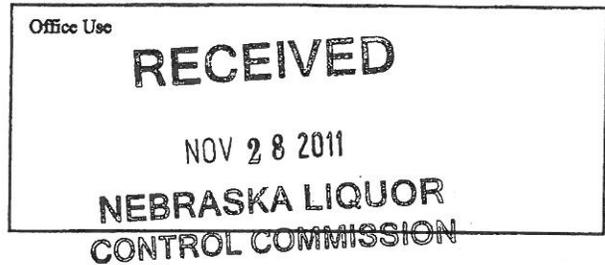
Length 158 feet
 Width 64 feet

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



APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

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



All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

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

Name of Registered Agent: Paul J. Peter

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

P.R. Ventures, LLC

10027172

LLC Address: 6235 Havelock Ave.

City: Lincoln

State: NE

Zip Code: 68507

LLC Phone Number: 402-429-7766

LLC Fax Number: 402-476-7796

Name of Managing/Contact Member

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

Last Name: Carlson First Name: Chad MI: W.

Home Address: 6100 Pine Knot Dr. City: Denton

State: NE Zip Code: 68339 Home Phone Number: 402-429-6443

Chad W. Carlson, Manager

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

State of Nebraska

County of Lincoln

27th day of November 2011

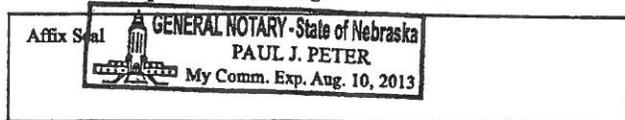
Date

[Signature]

The foregoing instrument was acknowledged before me this

by Chad W. Carlson, manager

name of person acknowledge



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

Last Name: Carlson First Name: Chad MI: W.

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Krista J. Carlson

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

Last Name: Hummel First Name: A. MI: Reese

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Lavon J. Hummel

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 50%

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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NEBRASKA LIQUOR
CONTROL COMMISSION

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 _____

NOV 28 2011

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

NEBRASKA LIQUOR
CONTROL COMMISSION

Gender: MALE FEMALE

Last Name: Carlson First Name: Chad MI: W.

Home Address (include PO Box if applicable): 6100 Pine Knot Dr.

City: Denton County: Lancaster Zip Code: 68339

Home Phone Number: 402-429-6443 Business Phone Number: 402-476-7766

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

Date Of Birth: _____ Place Of Birth: Council Bluffs, 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: Carlson First Name: Krista MI: J.

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

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

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

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
1632 W. Garfield Circle, Lincoln, NE	1999	2008	1632 W. Garfield Circle, Lincoln, NE	1999	2008
6100 Pine Knot Drive, Denton, NE	2008	present	6100 Pine Knot Drive, Denton, NE	2008	present