

October 18, 2016

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 Castlewood-Pinnacle South Jordan, LLC, dba Courtyard by Marriott Lincoln Downtown/Haymarket, 808 R Street, requesting a Class C-120683 (beer, wine, distilled spirits, on and off-sale) liquor license.

Stephanie Watkins is requesting that she be approved as the manager of the liquor license. Ms. Watkins completed the required alcohol management training on October 8, 2015.

This license will be replacing the existing Class C liquor license. Due to corporate restructuring, resulting in a change to the controlling corporation that now owns Courtyard by Marriott Lincoln Downtown/Haymarket, a new application was in order. Guy Woodbury, Senior Vice President of Castlewood-Pinnacle South Jordan, LLC, will remain as the representative for this license. Stephanie Watkins was the previously approved liquor license manager and will remain as the new liquor license manager.

No areas of concern were found.

The application is 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.



JEFFREY J. BLIEMEISTER, 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

<p>RECEIVED</p> <p>OCT 07 2016</p> <p>NEBRASKA LIQUOR CONTROL COMMISSION</p> <p><i>TOP Approved</i></p>	
Hot List: YES / <input checked="" type="radio"/> NO	New/Replacing # <u>100694</u>
Class Type <u>C</u>	<p style="text-align: center;">120683</p> <p>Initial <u>RS</u></p>

Applicant name Castlewood-Pinnacle South Jordan, LLC

Trade name Courtyard by Marriott Lincoln Downton/Haymarket

Previous trade name N/A

Contact email address g_woodbury@woodburycorp.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 Nebraska Liquor Control Commission.

Office use only	
PAYMENT TYPE <u>CK 218007</u>	 1600019413
AMOUNT: <u>\$ 400</u>	
Received: <u>mm</u>	

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FOR \$ 00
 REV APRIL 2016
 PAGE 1

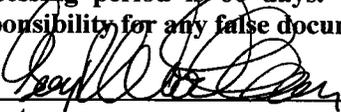
1. Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.
2. Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at PAYPORT.
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)
4. N/A 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 (LLC) making application. Lease term must run through the license year being applied for.
5. If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6. 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 current liquor license; enclose Temporary Operating Permit (TOP) (form 125).
8. N/A Enclose a list of any inventory or property owned by other parties that are on the premises.
9. For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
 - a. For residency enclose proof of registered voter in Nebraska
 - b. See guideline for further assistance
10. Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.
11. Submit a copy of your business plan.

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CONTROL COMMISSION

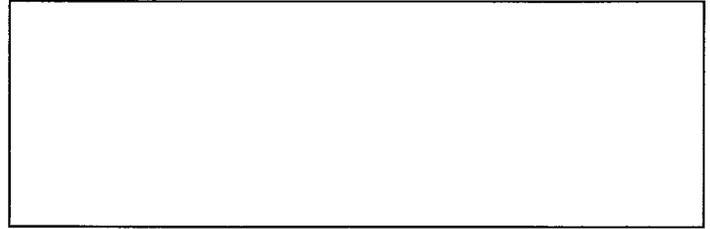
I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.


Signature

10/5/2016
Date

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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



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

RETAIL LICENSE(S) Application Fee \$400 (nonrefundable)

- 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

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

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

Name Bob Nefsky Phone number: (402) 475-5100

Firm Name Rembolt Ludtke

PREMISES INFORMATION

Trade Name (doing business as) Courtyard by Marriott

Street Address #1 808 R Street

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68508

Premises Telephone number (402) 904-4800

Business e-mail address aaron.stitt@marriott.com

Is this location inside the city/village corporate limits: YES

NO OCT 07 2016

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

Name Castlewood-Pinnacle South Jordan d.b.a Courtyard by Marriott Lincoln Downton/Haymarket

Street Address #1 808 R Street

Street Address #2 _____

City Lincoln State NE Zip Code 68508

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 136 x width 145 in feet

Is there a basement? Yes No

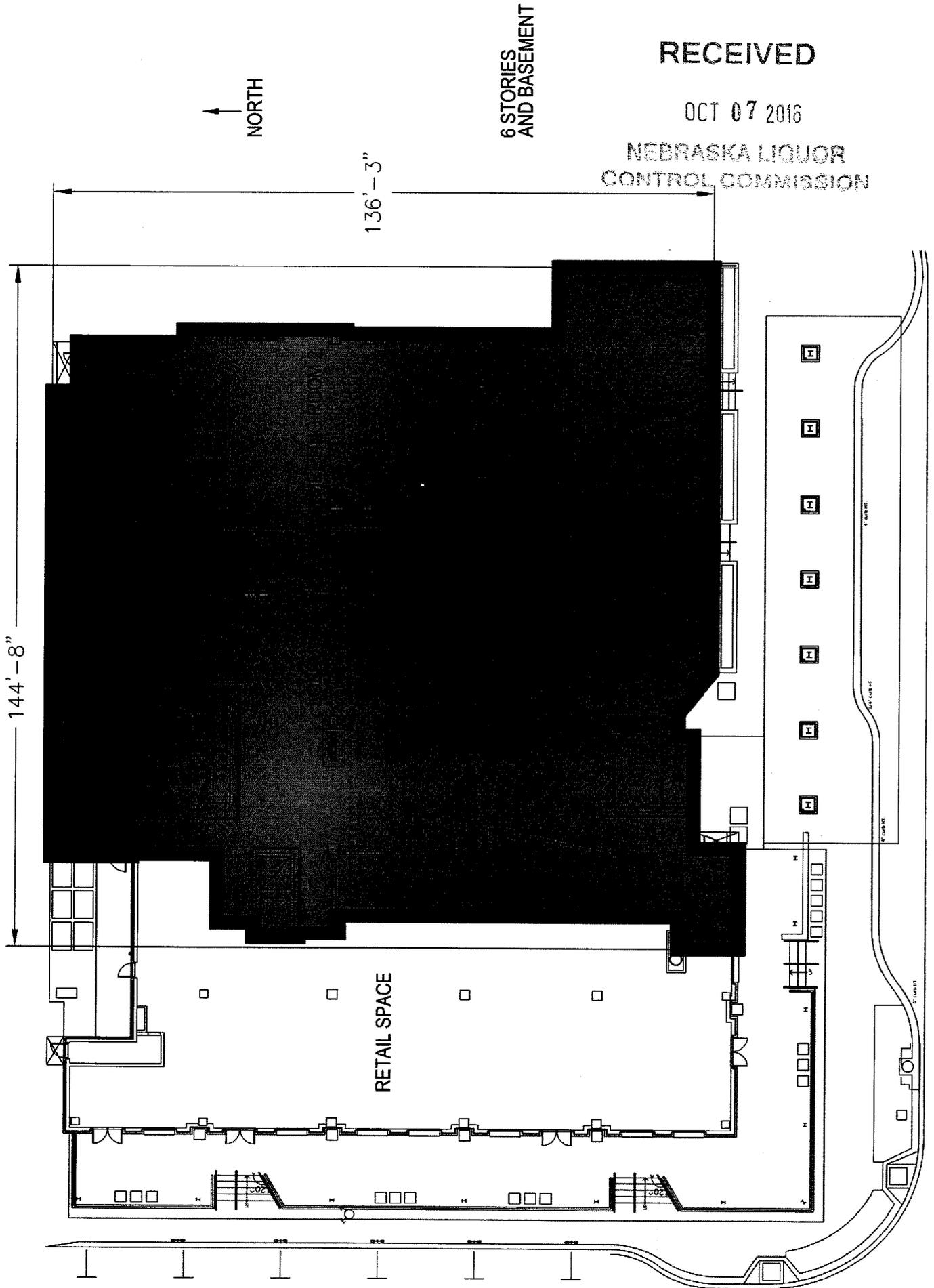
If yes, length 140 x width 74 in feet

Is there an outdoor area? Yes No

If yes, length 46 x width 98 in feet

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

Block 21 L.L.C - Courtyard by Marriott - area for Liquor License



NORTH

6 STORIES AND BASEMENT

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136'-3"

144'-8"

RETAIL SPACE

COURTYARD

COURTYARD

COURTYARD

COURTYARD

APPLICANT INFORMATION

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

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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 YES NO

If yes, please explain below or attach a separate page

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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

 YES NO

If yes, give name of business and liquor license number Block 21 d.b.a Courtyard by Marriott (100694)

- 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 Block 21 d.b.a Courtyard by Marriott (100694)

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

 YES NO

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

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

YES NO

If yes, list the lender(s) Mutual of Omaha Bank

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

YES NO

If yes, explain. (all involved persons must be disclosed on application)

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No silent partners

NEBRASKA LIQUOR
CONTROL COMMISSION

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

YES NO

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

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

YES NO

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

Provide letter of support or opposition, see FORM 134 – church or FORM 135 - campus

9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties.

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

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

Mutual of Omaha. O. Randall Woodbury, Orin Woodbury, Guy Woodbury, Jonathan Woodbury, Taylor Woodbury, Scott Bishop, Gary Adam

All signers are officers of Woodbury Corporation, Castlewood Pinnacle South Jordan's hotel management company

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.

Bienvenue, Inc. - Courtyard by Marriott - Sandy, UT - RE00755 & BC00119

Sandy Paydirt L.C. - Hilton Garden Inn - Sandy, UT - RE01825 & BC00094

L'Auberge, Inc. - Radisson Hotel SLC Airport - SLC, UT - RE00387 & BC00100

O. Randall Woodbury and Guy R. Woodbury are officers or managers of each of the above entities. There are no licenses that have been terminated.

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)
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List of NLCC certified training programs
Experience:

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

13. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. **Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.**

Lease: expiration date _____
 Deed _____
 Purchase Agreement _____

14. When do you intend to open for business? Business is currently open

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

16. What are the anticipated hours of operation? Hotel - 24 Hours

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
Guy R. Woodbury - Salt Lake City, UT	1988	2016	Carie L. Woodbury - Salt Lake City, UT	1988	2016

If necessary attach a separate sheet.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation of any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate or fraudulent.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures



Signature of Applicant

Carie L. Woodbury

Signature of Spouse

Gayle Woodbury

Print Name

Carie L Woodbury

Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

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ACKNOWLEDGEMENT

State of ~~Nebraska~~ Utah
County of Salt Lake

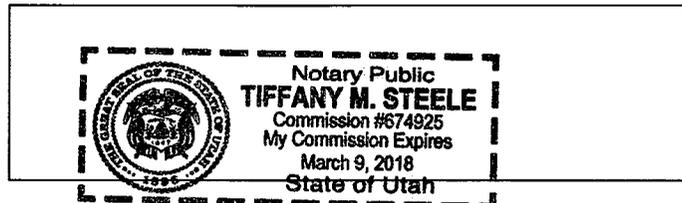
The foregoing instrument was acknowledged before me this

Oct. 6, 2016 date

by Gayle & Carie L. Woodbury
name of person(s) acknowledged (individual(s) signing)



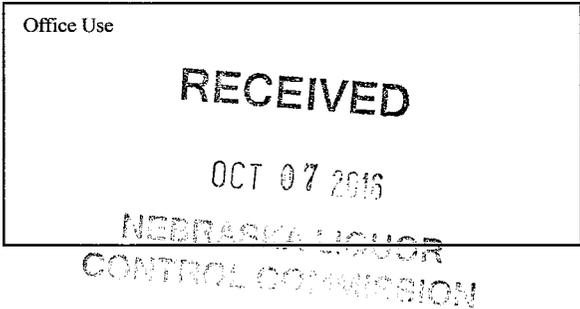
Notary Public signature



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 TEMPORARY OPERATING PERMIT (TOP)

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



- Application for a temporary operation permit (TOP) must be included with the application for liquor license. TOP will not be considered without the completed application for a liquor license.
- Enclose documentation showing sale of business; document may be in the form of a purchase agreement/contract, management agreement or promissory note. Sale of business document must include the following: name of business being sold, purchase date or closing date within 2-3 weeks of requesting TOP and must be signed by the seller and buyer.
- TOP's are valid for 90 days from date of issuance and cannot be extended past the expiration date (no exceptions).
- Seller's liquor license will terminate upon issuance of the TOP.
- If the seller's liquor license is up for renewal during the TOP it will not be necessary for the seller to renew.

NAME OF CURRENT LICENSEE (SELLER):

SELLER'S LICENSE #:

Block 21, LLC

100694

On (date) July 22, 2016 seller and buyer entered into a contract for sale of the

business known as (TRADE NAME):

Courtyard by Marriott Lincoln Downtown/Haymarket

Buyer seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the business under the same terms and conditions of the current licensee; subject to approval by the Nebraska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no exceptions).

Seller hereby declares that they are current on all accounts with all Nebraska licensed wholesalers under section §53-123.02. Any seller who provides false information regarding such accounts is guilty of a Class IV misdemeanor for each offense.



See Addendum

Signature of SELLER

Print Name

State of Nebraska, County of _____

The foregoing instrument was acknowledged before me
this _____ (date)

by _____
Name of person acknowledged
[Individual signing document]

Notary Public signature

Affix Seal

See Addendum

Signature of BUYER

Print Name

State of Nebraska, County of _____

The foregoing instrument was acknowledged before me
this _____ (date)

by _____
Name of person acknowledged
[Individual signing document]

Notary Public signature

Affix Seal

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NEBRASKA LIQUOR
CONTROL COMMISSION

ADMINISTRATIVE REVIEW – Office use only

Date: 10/7/16

Rep: RS

Application Number: 120683

Approved mm

Denied _____

Reason for Denial:

ADDENDUM TO APPLICATION FOR TEMPORARY OPERATING PERMIT (TOP)

IN WITNESS WHEREOF, as of the date first above written, Buyer and Seller have executed this Agreement.

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SELLER:

BLOCK 21 L.L.C., a Utah limited liability company

NEBRASKA LIQUOR
CONTROL COMMISSION

By: WOODBURY STRATEGIC PARTNERS FUND, LP, a Delaware limited partnership, Its Manager

By: WSP TRUFFLES L.L.C., a Delaware limited liability company, Its General Partner

By: WOODBURY STRATEGIC PARTNERS MANAGEMENT L.L.C., a Utah limited liability company, Its Manager

By: WOODBURY CORPORATION, a Utah Corporation, Its Authorized Representative

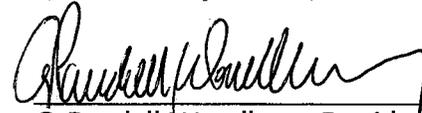
By: 
O. Randall Woodbury, President

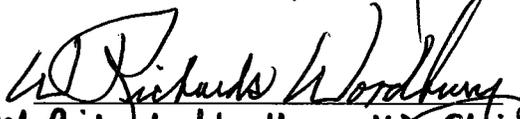
By: 
W. Richards Woodbury, Vice Chairman

BUYER:

CASTLEWOOD-PINNACLE SOUTH JORDAN, LLC,
a Utah limited liability company

By: WOODBURY CORPORATION, a Utah corporation, Its Manager

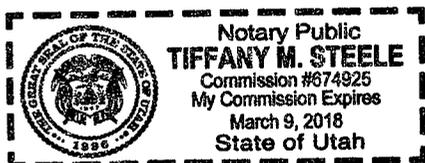
By: 
O. Randall Woodbury, President

By: 
W. Richards Woodbury, Vice Chairman

ACKNOWLEDGMENT

STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

On the 6th day of Oct., 2016, before me personally appeared O. RANDALL WOODBURY and W. Richards Woodbury, to me personally known, who being by me duly sworn did say that they are the President and Vice Chairman of WOODBURY CORPORATION, known to be the Authorized Representative of WOODBURY STRATEGIC PARTNERS MANAGEMENT L.L.C., a Utah limited liability company, known to be the Manager of WSP TRUFFLES L.L.C., a Delaware limited liability company, known to be the General Partner of WOODBURY STRATEGIC PARTNERS FUND, L.P. a Delaware limited partnership, Manager of BLOCK 21 L.L.C., a Utah limited liability company, the company that executed the within instrument, known to me to be the persons who executed the within instrument on behalf of said company therein named, and acknowledged to me that such company executed the within instrument pursuant to its Operating Agreement.



Tiffany M. Steele
Notary Public

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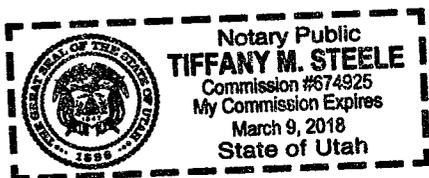
OCT 07 2016

ACKNOWLEDGMENT

NEBRASKA LIQUOR
CONTROL COMMISSION

STATE OF UTAH)
 : ss.
COUNTY OF SALT LAKE)

On the 6th day of Oct., 2016, before me personally appeared O. RANDALL WOODBURY and W. Richards Woodbury, to me personally known, who being by me duly sworn did say that they are the President and Vice Chairman of WOODBURY CORPORATION, known to be the Manager of Castlewood - Pinnacle South Jordan L.L.C., a Utah limited liability company, the company that executed the within instrument, known to me to be the persons who executed the within instrument on behalf of said company therein named, and acknowledged to me that such company executed the within instrument pursuant to its Operating Agreement.

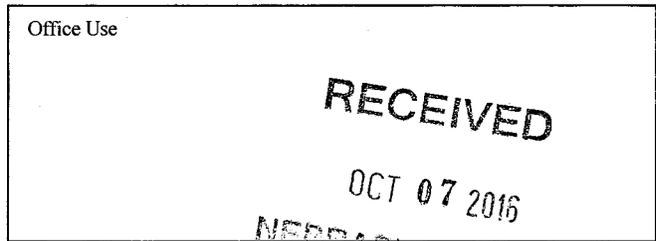


Tiffany M. Steele
Notary Public

[Signature]

**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.nebraska.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: Walker Kennedy III (Utah) & Robert Nefsky (Nebraska)

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

Castlewood-Pinnacle South Jordan, LLC 010230591

LLC Address: 2733 East Parleys Way Suite 300

City: Salt Lake City State: UT Zip Code: ~~68508~~ 84109

LLC Phone Number: (801) 485-7770 LLC Fax Number (801) 485-0209

Name of Managing/Contact Member

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

Last Name: Woodbury First Name: Guy MI: R

Home Address: 3357 Brockbank Drive City: Salt Lake City

State: UT Zip Code: ~~68508~~ 84124 Home Phone Number: (801) 272-3866

[Signature]
Signature of Managing/Contact Member

ACKNOWLEDGEMENT

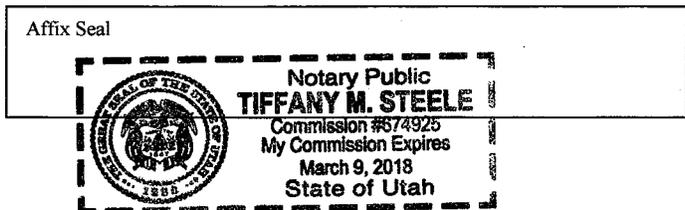
State of ~~Nebraska~~ Utah
County of Salt Lake

The foregoing instrument was acknowledged before me this

Oct. 6, 2016
Date

by Guy R. Woodbury
name of person acknowledge

[Signature]



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

Last Name: Woodbury First Name: Gary MI: R

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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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 _____

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 Vertical Living L.L.C. (97.8%) & Fourth 16 L.L.C. (2.2%)
- 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 #. _____

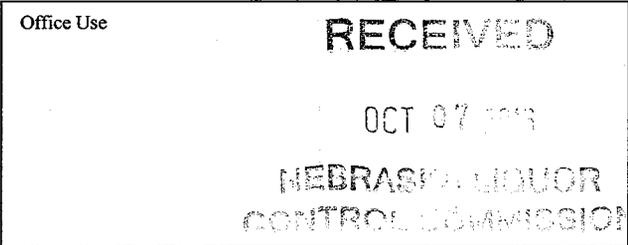
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**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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.

Carrie L. Woodbury
Signature of spouse asking for waiver
(Spouse of individual listed below)

Carie L. Woodbury
Printed name of spouse asking for waiver

State of Utah

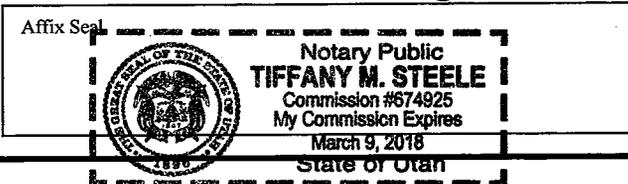
County of Salt Lake

Oct. 6, 2016
date

The foregoing instrument was acknowledged before me this

by Carie L. Woodbury
name of person acknowledged

[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.

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

Guy R. Woodbury
Printed name of applying individual

State of Utah

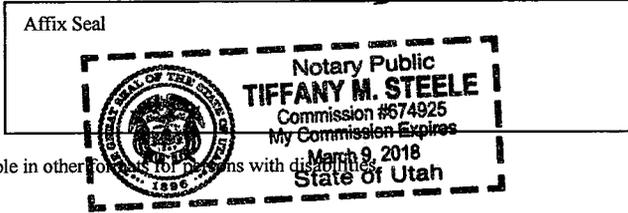
County of Salt Lake

Oct. 6, 2016
date

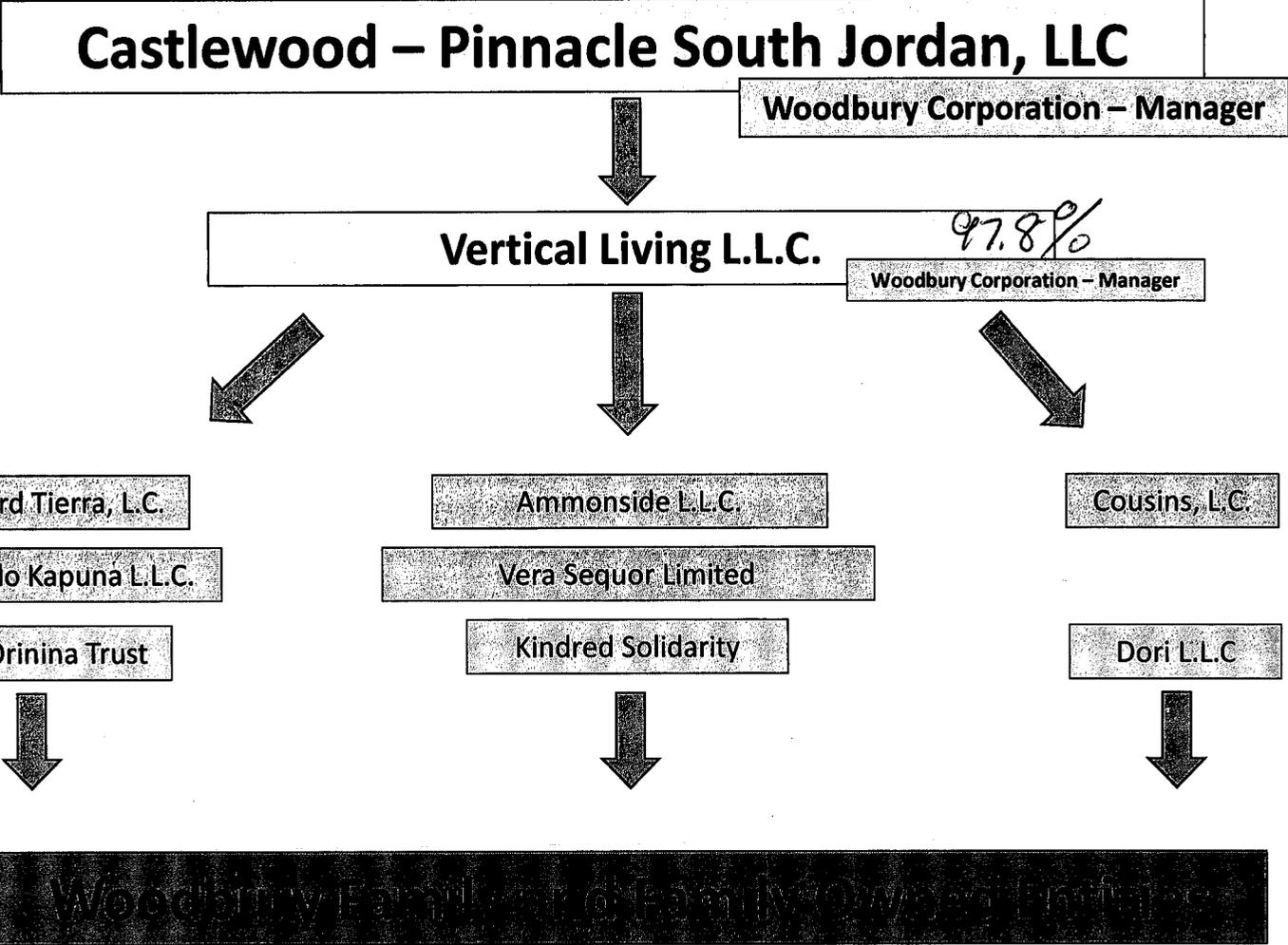
The foregoing instrument was acknowledged before me this

by Guy R. Woodbury
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.



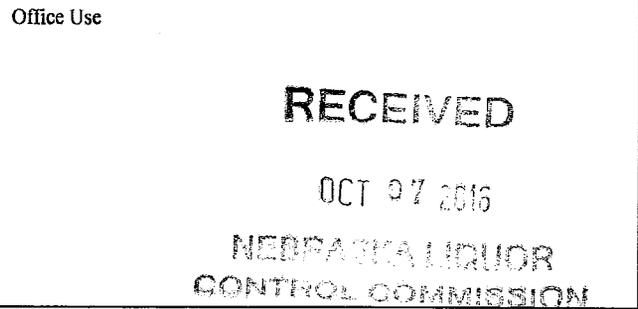
NEBRASKA LIQUOR
CONTROL COMMISSION

OCT 07 2016

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**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.nebraska.gov



FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE PROCESSED

MANAGER MUST:

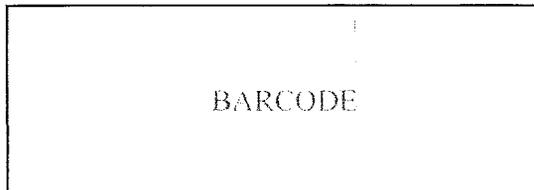
- Complete all sections of the application. Be sure it is signed by a **member or corporate officer**, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who **will not** participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

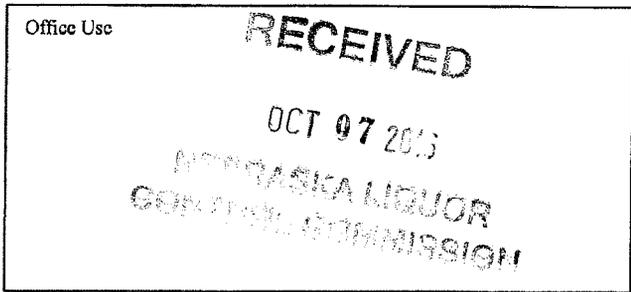
Spouse who **will** participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required



**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.nebraska.gov



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 card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: Castlewood - Pinnacle South Jordan, LLC

Premise information

Liquor License Number: ~~400694~~ Class Type C (if new application leave blank)

Premise Trade Name/DBA: Courtyard Lincoln Downtown/Haymarket

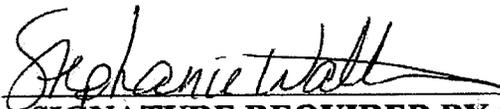
Premise Street Address: 808 R Street

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 402-904-4800

Premise Email address: stephanie.watkins@marriott.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. To see authorized officers or members search your license information [here](#).



SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Watkins First Name: Stephanie MI: R

Home Address: 5400 Union Hill Rd #1104

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-310-4731

Driver's License Number & State: _____

Social Security Number: _____

Date Of Birth: _____ Place Of Birth: Sioux City, IA

Email address: stephanie.watkins@marriott.com

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NEBRASKA LIQUOR
CONTROL COMMISSION

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: _____

Driver's 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
Lincoln, NE	1996	2016			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2013	current	Courtyard Marriott Downtown Lincoln	Aaron Stitt	402-904-4800
2010	2013	York Country Club	Tod Riley	

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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. 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.

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NEBRASKA LIQUOR
CONTROL COMMISSION

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition

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):

Courtyard Marriott Downtown Lincoln

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

**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.nebraska.gov

RECEIVED DATE RECEIVED OCT 07 2016 NEBRASKA LIQUOR CONTROL COMMISSION Office Use Only	
Class: _____	License #: _____

Applicant Name: Castlewood-Pinnacle South Jordan, LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: Courtyard by Marriott Lincoln Downtown/Haymarket
(Doing Business As)

(402) 904 - 4800
Phone Number

g_woodbury@woodburycorp.com
Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under “Licensing” tab in “Guidelines / Brochures”. **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- 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).
- **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.
- Fee payment of **\$28.75 per person** **must** be made **directly** to the NSP;
It is recommended to make 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
- 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.
- 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.

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

1. Name: Guy R. Woodbury Date of Birth: _____ Last 4 SSN: _____
(Please print legibly)

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

2. Name: _____
(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

3. Name: _____
(Please print legibly)

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Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

OCT 07 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

4. Name: _____
(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

5. Name: _____
(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

6. Name: _____
(Please print legibly)

Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES

How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

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): Guy R. Woodbury

Title: VP of Manager

Signature: 

Date: 9/20/2016

**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.nebraska.gov

DATE RECEIVED RECEIVED OCT 07 2016 NEBRASKA LIQUOR Office Use Only CONTROL COMMISSION	
Class: _____	License #: _____

Applicant Name: **Castlewood-Pinnacle South Jordan, LLC**

(Corporation, LLC, Partnership or Individual)

Trade Name: **Courtyard by Marriott Lincoln Downtown/Haymarket**

(Doing Business As)

(402) 904 - 4800

Phone Number

stephanie.watkins@marriott.com

Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Guidelines / Brochures". **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.**
- 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).
- **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.
- Fee payment of **\$28.75 per person** **must** be made **directly** to the NSP;
It is recommended to make 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**
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- 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.

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

1. Name: Stephanie Watkins Date of Birth: _____ Last 4 SSN: _____
(Please print legibly)

Fingerprints on file with the commission? YES
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

2. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

3. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

4. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

5. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____

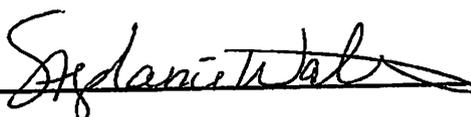
Fingerprints on file with the commission? YES
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

6. Name: _____
(Please print legibly)
Date of Birth: _____ Last 4 SSN: _____

Fingerprints on file with the commission? YES
How was payment made to NSP? NSP PAYPORT CASH CHECK SENT TO NSP Ck # _____

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): Stephanie Watkins Title: F&B Manag

Signature:  Date: 9-21-2016

Temporary Operating Permit

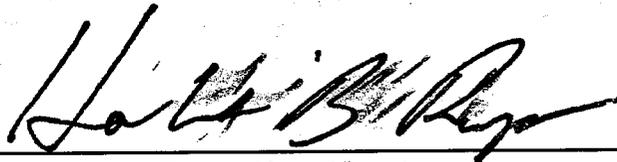
Nebraska Liquor Control Commission

16 -683

Class C

Issued: 10/20/2016 – Expires: 01/18/2017
CASTLEWOOD-PINNACLE SOUTH JORDAN LLC dba COURTYARD BY
MARRIOTT LINCOLN DOWNTOWN/HAYMARKET
808 R STREET, LINCOLN

Description: ENTIRE 6-STORY BLDG APPROX 136' X 145' INCLUDING BASEMENT AND
OUTDOOR AREA APPROX 46' X 98'



Hobert B Rupe - Executive Director
Nebraska Liquor Control Commission
301 Centennial Mall South, 5th Floor
Lincoln, NE 68509
(402) 471 - 2571



*** NO EXTENSIONS OF THIS PERMIT WILL BE ALLOWED***