### 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.łcc.nebraska.gov

|    | SEP 1 5 2017            | RECEIVED                 |
|----|-------------------------|--------------------------|
| _^ | NCASTER COUNTY<br>CLERK | 56F 7 2017               |
|    |                         | EBRASKA LIQUOR           |
|    | Hot List: YESV NO       | New/Replacing# 79290     |
| ĺ  | Class Type              | License Number Initial B |

ter Numark Himark Golf Course Previous trade name aawieseler @ amail. 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.

X TOP. ASAP

Office use only PAYMENT TYPE

Received:



- 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.
- 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. 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.
- If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
- - 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. Uniform to operate on current liquor license; enclose Temporary Operating Permit (TOP) (Form 125).
- 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. If permanent resident include Employment Authorization Card or Permanent Resident Card
  - c. 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.
- 11. Submit a copy of your business plan.

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

# 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

exceptions).

Office Use RECEIVED

SEP 7 2017

NEBRASKA LIQUOR
CONTROL COMMISSION

| V      | 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 <u>LICENSEE</u> (SELLER): SELLER'S LICENSE #:                                                                                                                                                                                                                                                                                               |
| H      | Mark Golf MUCOLOGO Course LLC [079290]                                                                                                                                                                                                                                                                                                                 |
| On (da | seller and buyer entered into a contract for sale of the                                                                                                                                                                                                                                                                                               |
| busine | ess known as (TRADE NAME):                                                                                                                                                                                                                                                                                                                             |
| H      | imank Golf Course                                                                                                                                                                                                                                                                                                                                      |
| busine | seeks to obtain a temporary operating permit (TOP) to allow buyer to operate the ss under the same terms and conditions of the current licensee; subject to approval by braska Liquor Control Commission (NLCC) for a period not to exceed 90 days (no                                                                                                 |

1700011659

such accounts is guilty of a Class IV misdemeanor for each offense.

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

FORM 125 REV JULY 2016 Page 1 of 2

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Signature of SELLER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Signature of BUYER                                                                    |
| Amy Wieseler                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Amy Wieseler                                                                          |
| Owner/Manager Homank<br>Print Name Golf Course LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Member - NuMark Gp.                                                                   |
| State of Nebraska, County of Lancaska.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State of Nebraska, County of Land                                                     |
| The foregoing instrument was acknowledged before me                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The foregoing instrument was acknowledged before me                                   |
| this Sportentin 5 2017 (date)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | this 5 20/7 (date)                                                                    |
| by Ame of person acknowledged                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | by Wieseler Name of person acknowledged                                               |
| (Individual signing document)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | {Individual signing document]                                                         |
| Notary Public signature                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Notary Public signature                                                               |
| State of Nebrasics — General Notary BRENDA D. BLACK My Commission Expires June 5, 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | State of Nebrasias - General Notary BRENDA D BLACK My Commission Expires June 5, 2020 |
| ADMINISTRATIVE REVIEW  Rep: BH  Approved Approved Consider Conside | Application Number: 122099                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                       |



# 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.ncbraska.gov/

## RECEIVED

SET 1 2011

NEBRASKA LIQUOR CONTROL COMMISSION

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

| RETAIL LICE A B C D I J AB | BEER, ON SALE ONLY BEER, OFF SALE ONLY BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120 BEER, ON AND OFF SALE |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AD                         | BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE<br>BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY                                                                                                                                                      |
|                            | Catering license (requires catering application form 106) \$100.00                                                                                                                                                                                                          |
| Additional fees            | will be assessed at city/village or county level when license is issued                                                                                                                                                                                                     |
| All other licens           | term runs from November 1 – October 31 es run from May 1 – April 30 e (K) expires same as underlying retail license                                                                                                                                                         |
| CHECK TY                   | PE OF LICENSE FOR WHICH YOU ARE APPLYING                                                                                                                                                                                                                                    |
| Partner<br>Corpor          | ual License (requires insert 1 <u>FORM 104</u> )<br>ship License (requires insert 2 <u>FORM 105</u> )<br>ate License (requires insert 3a <u>FORM 101</u> & 3c <u>FORM 103</u> )<br>d Liability Company (LLC) (requires form 3b <u>FORM 102</u> & 3c <u>FORM 103</u> )       |
|                            | TTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable) will call this person with any questions we may have on this application                                                                                                                                         |
| Name                       | Phone number: 402-474-8690                                                                                                                                                                                                                                                  |
| Firm Name                  | Parrell K. Stock, PC, LLO,                                                                                                                                                                                                                                                  |



(COPY)

PURCHASE RECEIPT

**Nebraska Liquor Control Commission** 

P.O. Box 95046 Lincoln NE 68509-5046 (402)471-4881 jackle.matulka@nebraska.gov

OTC Local Ref ID: 18775818 9/5/2017 05:57 PM

Status:

**APPROVED** 

Customer Name:

NuMark Golf, LLC

Account Number:

\*\*\*\*\*1484

Routing Number:

104113819

nebraska total amount charged

USD\$801.75

| Items                                      | Location | Quantity | Order ID |          |
|--------------------------------------------|----------|----------|----------|----------|
| Retall Liquor License                      |          | 1        | 25485720 | \$400.00 |
| Applicant Name: NuMark Golf, LLC - Amy Wis | eseler   |          |          |          |

Trade Name: NuMark Golf Course

Premises Address: 8901 Augusta Drive

Premises City: Lincoln

Retail Liquor License

1 25485720 \$400.00

Applicant Name: NuMark Golf, LLC - Amy Wieseler

Trade Name: NuMark Golf Course
Premises Address: 8901 Augusta Drive

Premises City: Lincoln

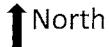
Total remitted to the Nebraska Liquor Control Commission

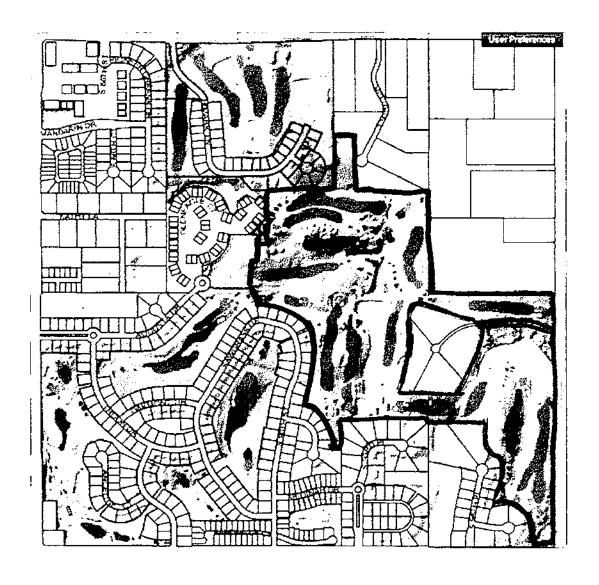
\$800.00

I authorize "" to electronically debit my account.

Customer Copy

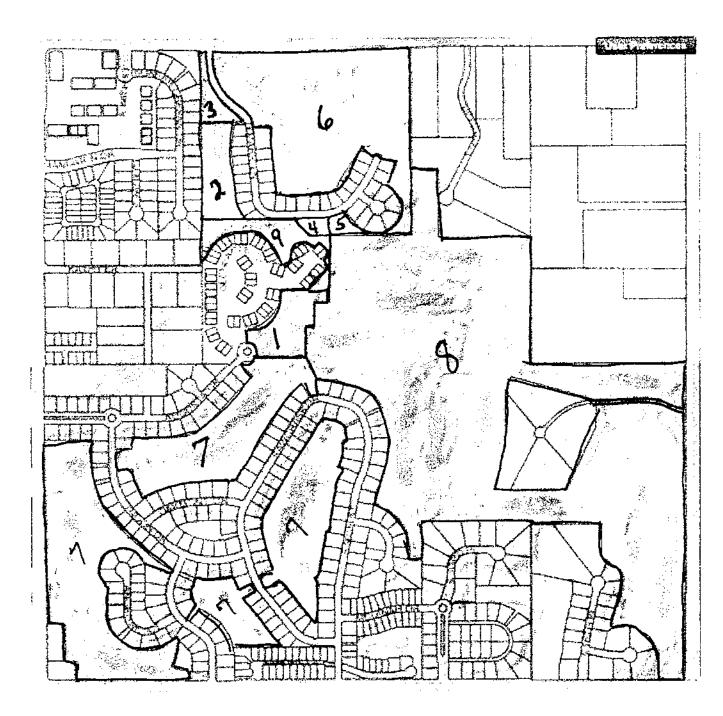
| PREMISES INFORMATION Trade Name (doing business as) Numark Golf Course                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Street Address #1 8901 Augusta Drive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Street Address #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| City Uncoln County LancaSter Zip Code 68526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| Premises Telephone number 402 488 7888                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Business e-mail address Kbauer 32 @ gmail, com                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| Is this location inside the city/village corporate limits:  YES  NO GOLF COURSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| Mailing address (where you want to receive mail from the Commission)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Name NuMark Golf Course                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Street Address #1 8901 Augusta Torive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Street Address #2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| City UNWIN State NE Zip Code 68526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED  READ CAREFULLY  In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and number of floors of the building.  **For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms |
| Building: length x width in feet  Is there a basement? Yes No If yes, length x width in feet  Is there an outdoor area? Yes No If yes, length x width in feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |





Entire 27 Hole Golf Course, approximately 232.86 acres, which is located between S. 84<sup>th</sup> Street and S. 98<sup>th</sup> Streets and Pioneers Blvd. and Old Cheney of which approximately 121.21 acres is located outside of the city limits as outlined on the diagram

## NuMark Golf Course



| 1   | Lease between NuM<br>Property ID:                     | ark Golf, L.L.C. and Amy Wieseler Himark Estates 10th Addition, Block 1, Lot 13, Lancaster County, Nebraska                                                                                          | Acres<br>4.97 |
|-----|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| 1   | 16-11-118-013-000                                     | Timilar Estates Total Addition, Drook 1, 120 15, 2000000 Commy, 120 15, 20000000                                                                                                                     |               |
| 2   | NuMark Golf, LLC<br>Property ID:<br>16-11-122-010-000 | - Owner Himark Estates 19th Addition, Outlot A, Pt Lying In Td 0224, Lincoln, Lancaster County, Nebraska                                                                                             | 5.14          |
| 3   | Property 1D:<br>16-11-122-011-000                     | Himark Estates 19th Addition, Outlot A, Pt Lying In Td 0228, Lincoln, Lancaster County, Nebraska                                                                                                     | 1.75          |
| 4   | Property ID:<br>16-11-125-010-000                     | Himark Estates 20th Addition, Pt Outlot B Lying In TD 0224, Lincoln, Lancaster County, Nebraska                                                                                                      | .75           |
| 5   | Property ID: 16-11-125-011-000                        | Himark Estates 20th Addition, Pt Outlot B Lying In TD 0035, Lincoln, Lancaster County, Nebraska                                                                                                      | .86           |
| 6   | Property ID:<br>16-11-125-013-000                     | Himark Estates 20th Addition, Pt Outlot C Lying In TD 0035, Lincoln, Lancaster County,<br>Nebraska                                                                                                   | 33.09         |
| 7   | Property ID: 16-11-330-004-000                        | Himark Estates 16th Addition, Outlot A & Himark Estates 11th Addition, Outlot B & Himark Estates 3rd Addition, Outlot C & Himark Estates 1st Addition, Outlot C, Lincoln, Lancaster County, Nebraska | 60.73         |
| (8) | Property ID:<br>16-11-408-009-000                     | Irongate Estates 3rd Addition, Remaining Port Outlot A, That Part Lying Outside City Limits, Lincoln, Lancaster County, Nebraska                                                                     | 121.21        |
| 9   | Property ID:<br>16-11-408-008-000                     | Irongate Estates 3rd Addition, Remaining Port Outlot A That Part Lying Inside City Limits, Lincoln, Lancaster County, Nebraska                                                                       | 4.36          |
|     | 10-11-700-000-000                                     | Total Acres                                                                                                                                                                                          | 232.86        |

# APPLICANT INFORMATION

| 1. <b>READ CAREFUL</b> Has anyone who is a party to means any charge alleging a resolution. List the nature of list any charges pending at th Include traffic violations. Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | this application, or the charge, where the ctime of this applica | neir spouse, <u>EVER</u> , violation of a fede<br>e charge occurred a<br>tion. If more than | eral or state law; a violation of<br>and the year and month of the<br>one party, please list charges | uilty to any charge. Charge of a local law, ordinance or econviction or plea. Also by each individual's name. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| signing this application.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                  |                                                                                             |                                                                                                      |                                                                                                               |
| YESNO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                                             |                                                                                                      |                                                                                                               |
| If yes, please explain below                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | v or attach a separa                                             | te page                                                                                     |                                                                                                      |                                                                                                               |
| Name of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date of<br>Conviction<br>(mm/yyyy)                               | Where<br>Convicted<br>( city & state)                                                       | Description of Charge                                                                                | Disposition                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                             |                                                                                                      |                                                                                                               |
| See attach                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 110 CA                                                           |                                                                                             |                                                                                                      | ,                                                                                                             |
| ORE ALTACO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                  |                                                                                             |                                                                                                      |                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                             |                                                                                                      |                                                                                                               |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                                             |                                                                                                      | - m-n a                                                                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                             |                                                                                                      |                                                                                                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                  |                                                                                             |                                                                                                      |                                                                                                               |
| 2. Are you buying the busine                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                  |                                                                                             |                                                                                                      |                                                                                                               |
| YES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO                                                               |                                                                                             | 079290 7<br>Mark Golf                                                                                | 60699                                                                                                         |
| If ves give name of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | business and liquor l                                            | icense number H                                                                             | mark Golf                                                                                            | course                                                                                                        |
| a) Submit a copy of the Name of the state of | the sales agreement                                              | d list the name bro                                                                         | and, container size and how r                                                                        | many                                                                                                          |
| c) Submit a list of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e furniture, fixtures a                                          | nd equipment                                                                                | ind, container size and new i                                                                        | nany                                                                                                          |
| 3. Was this premise licensed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | as liquor licensed b                                             | usiness within the l                                                                        | ast two (2) years?                                                                                   |                                                                                                               |
| . /                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                  |                                                                                             |                                                                                                      | 1 01 010                                                                                                      |
| _VYES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | NO                                                               | Г н а                                                                                       | 079290 \$                                                                                            | (00609)                                                                                                       |
| If yes, give name and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | i license number 📙                                               | Mark (                                                                                      | Golf Course                                                                                          |                                                                                                               |
| 4. Are you filing a temporar                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | y operating permit (T                                            | OP) to operate dur                                                                          | ing the application process?                                                                         |                                                                                                               |
| yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | NO                                                               |                                                                                             |                                                                                                      |                                                                                                               |
| If yes:  a) Attach temporary b) TOP will only be                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | operating permit (TO accepted at a locatio                       | DP) ( <u>Form 125)</u><br>n that currently hol                                              | ds a valid liquor license.                                                                           |                                                                                                               |

### Attachment to NuMark Golf, LLC Application for Liquor License

### 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.

| Name of Applicant | Date of Conviction (mm/yyyy) | Where Convicted<br>(City & State) | Description of Charge                                  | Disposition           |
|-------------------|------------------------------|-----------------------------------|--------------------------------------------------------|-----------------------|
| Andy Bauer        | 3/23/1998                    | Lincoln, Nebraska                 | Speeding                                               | Guilty Plea by Waiver |
| Andy Bauer        | 11/18/1996                   | Lincoln, Nebraska                 | Speeding Violate Stop/Yeild sign Fail to use seat belt | Guilty Plea by Waiver |
| Cody Wieseler     | 5/30/2001                    | Cedar County, Nebraska            | Speeding                                               | Dismissed             |
| Leslie Wieseler   | 4/20/2017                    | Lincoln, Nebraska                 | Violate School Speed<br>Zone                           | Guilty Plea by Waiver |

Case Summaries Attached.

### Nebraska Judicial Branch

#### Case Summary

In the County Court of Lancaster County
The Case to as ye 98 0005376
Citation No.: An O460764
STACE V. AND D BABER
Classification: Statute
Filed on 03/20/1998
This Case is closed as of 03/20/1998
It was disposed as Guilty Plea by waiver
Original appearance date 03/2/20/2998 at 10:30
Abstract of Judgment sent to Oepartment of Motor Vehicles

### Parties/Attorneys to the Case

Party
State of Mobraska
pofemodant ACTIVE
Andy D Bauer
1440 Plumridge kd
Linculin
Date of Birth % 04/04/1979 Orivers License is Mt H12777360

### Offense Information

Count
Ol Speeding 16-20 WPM County/State
offence bate is 02/21/1998
prea 5. Guilty/Admit
finding is Culty/Admit
Sentence includes:
xate Fine of

offense class ; infraction

\$125.00

Arresting Officers

Lancaster County Sheriff Agency

Officer staven phillip

### Court Costs Information

| Engurred by | Account                 | DATE       | Araunt |
|-------------|-------------------------|------------|--------|
| Defendant   | Filing Fees             | D3/20/1998 | 318.00 |
| Defendant   | J.R.F.                  | D3/20/199A | \$1.00 |
| Defendant   | L.E.T.F.                | 03/20/1998 | \$2.00 |
| Defendent   | Legal Aid/Tervices Fund | 03/20/1998 | \$2.00 |

### Financial Activity

No trust money is held by the court No fee money is held by the court

### Payments Made to the Court

| •       |       |            |                        |          |
|---------|-------|------------|------------------------|----------|
| Receipt | Type  | Date       | Fnr                    | YAUGMA   |
| 154836  | Check | 03/24/1998 | Bauer, Andy, O         | \$148.00 |
|         |       |            | Filing Fees            | 528.00   |
|         |       |            | J.R.F.                 | \$1.00   |
| •       |       |            | L.E.I.F.               | \$2,00   |
|         |       |            | legal Aid/services run | 57.00    |
|         |       | •          | State Fines            | 1325.00  |
|         |       |            |                        |          |

### Register of Actions

03/24/1995 Appearance Date

03/23/1998 Abstract Sent to bow

03/20/1998 Citation This accion initiated by party State of Hebraska

### Nebraska Judicial Branch

#### Case Summary

Is the county court of Lancaster County
The Cash 70 % 1% 1% 80 0019775
Citation No.: She deeply 10
Lassification: State v. Andy D Baser
Elled on D9/19/1096
This case is Closed as of 11/18/1996
It was disposed as Guilty Plea by Walver
Original appearance date D9/25/1999 at 10/30
Abstract of Judgment sent to Department of Motor Vehicles

#### Parties/Attorneys to the Case

Party
Plaintiff ACTIVE
State of Mebraska
Outfordant Active
Andy D Bawer
1440 Plumridge Rd
Lincoln
Outfor Birth is 04/08/1979 Orivers Licease is NA H122//380

#### offense Information

Count

Of Speeding 15-10 MPA County/State
Offense Date 16 09/02/1996
Plea is Gullty/Admit
I though is unity
Sentence Includes:
State Fine of
Offense Class
Offense Class
Offense Class
State Fine of
Offense Class
State Fine of
Offense Class
State Fine of
State Fine of
Offense Class
State Fine of
State Fine of
Offense Class
State Fine of
State Fine of
Offense Class
State Fine of

### Arresting Officers

Agency officer

Languager County Sheriff Steven Phillip

#### Court Costs Information

| Incorred by | Account        | <br>Date   |   | MOUNT   |
|-------------|----------------|------------|---|---------|
| unfendant   | Filing Fres    | 09/19/1996 | · | \$18.00 |
| Defendant   | J.X.F.         | 09/19/1996 |   | \$1.00  |
| mefendant   | U.E.F.F.       | 08/19/1996 |   | \$2.00  |
| Defendant   | Automation Fee | 09/19/1996 |   | \$3.00  |
|             |                |            |   |         |

### Financial Activity

NA trust money is held by the court no fee runsy is held by the court

### Payments Made to the Court

| ,       |       |            |                |          |
|---------|-------|------------|----------------|----------|
| Receipt | Турф  | Date       | FAT            | Amount   |
| 82028   | Check | 11/18/1996 | Sauer, Andy, D | \$189.00 |
|         | •     |            | Filing Fees    | \$18.DO  |
|         |       | •          | J.R.F.         | \$1,00   |
|         |       |            | C.E.I.F.       | \$2.00   |
|         |       |            | AUTOMATION Fee | \$3.00   |
|         |       |            | State Fines    | \$125.00 |
|         |       |            | State Fines    | \$35.DO  |
| •       |       | •          | State Fines    | \$25.00  |
|         |       |            |                |          |

### Register of Actions

13/18/1996 Abstract Sent to DAV The document number is 00000001

09/75/1996 Appearance Oxte

09/23/1995 Notice ISRAND on Andy D Hauer The document number is 00073628 Document Number 75628

09/19/1996 Citation This action initiated by party State of Nebraska

### Cody Wieseler

### Case Summary

In the County Court of Cedar County

The Case ID is TR 01 0000458

in county Citation No.: PA 4322360

State v. Cody F Wieseler

Classification: Statute

by the County Prosecutor Filed on 04/30/2001

This case is Closed as of 05/30/2001

It was disposed as Dismissed by Prosecutor/party

Original appearance date 05/30/2001 at 13:00

### Offense Information

Count Charge

Offense Class ; Infraction

01 Speeding 21+ MPH County/State

Offense Date is 04/12/2001

### Leslie Wieseler

### Case Summary

In the County Court of Lancaster County

The Case ID is TR 17 0006263

Citation No.: LB 0550739

State v. Leslie R Wieseler

Classification: Ordinance

Filed on 04/20/2017 by City Prosecutor of Lincoln

This case is Closed as of 04/20/2017

It was disposed as Guilty Plea by Waiver Original appearance date 05/04/2017 at 10:30

Abstract of Judgment sent to Department of Motor Vehicles

### Offense Information

Count Charge Offense Class

01 VIOLATE SCHOOL SPEED ZONE 11-15 MPH OVER; Infraction

Offense Date is 04/03/2017

Plea is Guilty/Admit Finding is Guilty

Sentence includes:

City Fine of \$150.00

| 5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| NO                                                                                                                                                                                                                                                                  |
| If yes, list the lender(s) Ahmy Wieselev                                                                                                                                                                                                                            |
| 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)                                                                                                                                                                                    |
| No silent partners                                                                                                                                                                                                                                                  |
| 7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?                                                                                                                                                                |
| V yis NO All Hems. Building & Contents                                                                                                                                                                                                                              |
| If yes, list such item(s) and the owner. HIMANK GOLF COURSE, LLC                                                                                                                                                                                                    |
| 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?  YESNO                                         |
|                                                                                                                                                                                                                                                                     |
| If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Sta 53-177)(1)                                                                                                                                  |
| Provide letter of support or opposition, see <u>FORM 134</u> — church or <u>FORM 135</u> - campus                                                                                                                                                                   |
| 9. Is anyone listed on this application a law enforcement officer?                                                                                                                                                                                                  |
| YES V NO                                                                                                                                                                                                                                                            |
| If yes, list the person, the law enforcement agency involved and the person's exact duties.                                                                                                                                                                         |
| SOCOODE OF FORM                                                                                                                                                                                                                                                     |
| <ul><li>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.</li><li>a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.</li></ul>        |
| Security First (all members of UC)                                                                                                                                                                                                                                  |
| 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. |
|                                                                                                                                                                                                                                                                     |
| HiMark Golf Course 079290 \$ 60699<br>Yankee Hill Country Club 086910 \$ 086909                                                                                                                                                                                     |

- 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 cor                    | npleted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                 |                     |
|--------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|---------------------|
| Applicant Name                                         | Date<br>(mm/yyyy)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name of ртоgrаm (attach copy of course comp                                                     | letion certificate) |
| Amy Wieseler                                           | 9-9-2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | . City Alcohd Manager Per.                                                                      | nit                 |
| Kinsey Bauer                                           | 9-13-2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RBSt.                                                                                           | - 400               |
| Andrew Bayer                                           | 3-29-2017                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | RRST                                                                                            |                     |
| List of NLCC certified training program<br>Experience: | S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |                     |
| Applicant Name/Job Title                               | Date of<br>Employment:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name & Location of Business                                                                     |                     |
| Amy Wieseler                                           | 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Himark golf Course / Ou                                                                         | Mer-Operator        |
| Kisey Dayer                                            | 2002                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Himark Golf Course /gm                                                                          |                     |
| Indaw haver                                            | 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Himark Polf Course 1879                                                                         | shop manager        |
| 16. What are the anticipated hours of                  | business? Goff Coff operation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ourse, hestaurant/Lounge<br>Dam - 1:00am + 50as<br>or all persons required to sign, including s | onal                |
|                                                        | The same of the sa | TVI I i se i se sum e serio Calcar escribito e como diferencia 2 em 10. De esc                  |                     |
| APPLICANT: CITY & STATE  #-INCOLN, NE                  | YEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RS, APPLICANT AND SPOUSE MUST C  SPOUSE: CITY & STATE TO                                        | YEAR<br>FROM TO     |
| THICOIN, IVE                                           | 1997 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2017 Lincoln, NE                                                                                | 1993 2017           |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                     |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                     |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                 |                     |

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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

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

| Any                       | 4 WUSCLES Signature of Applicant |       | _      | Signature of Spouse                                                                  |
|---------------------------|----------------------------------|-------|--------|--------------------------------------------------------------------------------------|
| Amy                       | WIESCHW<br>Print Name            |       | -      | Print Name                                                                           |
| <del></del>               | Signature of Applicant           |       | -      | Signature of Spouse                                                                  |
|                           | Print Name                       |       | -      | Print Name                                                                           |
| C                         |                                  | ACKNO | DWLED: | GEMENT                                                                               |
| State of Nebras County of | ,                                |       | The    | foregoing instrument was acknowledged before me this                                 |
| So to                     | lun 5 2017                       | by    | An     | name of person(s) acknowledged (individual(s) signing)                               |
| 100                       | W. Sant                          | _     |        | name of person(s) acknowledged (individual(s) signing)                               |
| <b>4</b>                  | Notary Public signature          |       |        | State of Nebraska - General Notary BRENDA D BLACK My Commission Expires June 5, 2020 |

# 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.loc.nebraska.gov Office Usc

## RECEIVED

SEP 7 2017

NEBRASKA LIQUOR
CONTROL COMMISSION

| not have any interest, directly or indirectly in the operation Act. I will not tend bar, make sales, serve patrons, stock as the owner or in any way participate in the day to day penalty guideline for violation of this affidavit is cancellated. | shelves, write checks, sign invoices, represent myself ay operations of this business in any capacity. The ion of the liquor license.  participating spouse of the individual signing below. I mpliance with the conditions set out above. If, it is |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Signature of NON-PARTICIPATING SPOUSE                                                                                                                                                                                                                | Signature of APPLICANT                                                                                                                                                                                                                               |
| Print Name                                                                                                                                                                                                                                           | Print Name                                                                                                                                                                                                                                           |
| State of Nebraska, County of Lancaster                                                                                                                                                                                                               | State of Nebraska, County of Lancaster                                                                                                                                                                                                               |
| The foregoing instrument was acknowledged before me                                                                                                                                                                                                  | The foregoing instrument was acknowledged before me                                                                                                                                                                                                  |
| this Sophenter 5th 2017 (date)                                                                                                                                                                                                                       | this So stanton 5th 2017 (date)                                                                                                                                                                                                                      |
| by Russell. Wieseler  Name of person acknowledged  Godividual signing document)                                                                                                                                                                      | by Ame of person acknowledged (Individual signing document)                                                                                                                                                                                          |
| Notary Public Signature                                                                                                                                                                                                                              | Notary Public Signature                                                                                                                                                                                                                              |
| State of Nebraska - General Notary BRENDA D BLACK My Commission Expires June 5, 2020: al                                                                                                                                                             | State of Nebraska – General Notary BRENDA D BLACK My Commissión Espires June 5, 2020                                                                                                                                                                 |

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.

### 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.nebrasko.gov Office Use

### RECEIVED

SEP 7 2017

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: Awy Wieselev                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Name of Limited Liability Company that will hold license as listed on the Articles of Organization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| NuMark Golf UC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| LLC Address: 890/ Augusta Parive                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| City: UNCOLN State: NE Zip Code: 68526                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| LLC Phone Number: 402 488 7888 LLC Fax Number 1-866-473-1304                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Name of Managing/Contact Member  Name and information of contact member must be listed on following page                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Last Name: Bauer First Name: KINSUJ MI: D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Home Address: 8400 Augusta Tov City: Lincoln                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| State: NE Zip Code: 68526 Home Phone Number: 402 570 8686                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Signature of Managing/Contact Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| ACKNOWLEDGEMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| State of Nebraska County of The foregoing instrument was acknowledged before me this                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Splate by Ainsey Day On Learn Service Day On Learn Service Day On Learn Service Day On Learn Day |
| D G D Affix Scal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Stato of Nebraska - General Notary BRENDA D BLACK                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| June 5, 2020                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

| Last Name: Bauer First Name: Andrew MI: D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Social Security Number: Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Spouse Full Name (indicate N/A if single): Kinsup D Bauer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Spouse Social Security Number: 4 Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Percentage of member ownership 12.5%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 1 electrage of memorial programme and the memori |
| Last Name: Bauer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Social Security Number: Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Spouse Full Name (indicate N/A if single): Andrew D. Baver                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Percentage of member ownership 12.570                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Last Name: Whipple First Name: Todd MI:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Social Security Number:Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Spouse Full Name (indicate N/A if single): Marci A Whipple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Spouse Social Security Number: Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| Percentage of member ownership 2.5%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
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| Last Name: Whipple First Name: Marci MI: A                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Social Security Number: Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Spouse Full Name (indicate N/A if single): Toda K Whipple                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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| Spouse Social Security Number: Date of Birth: Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Percentage of member ownership 12.5%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

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

| List names of all members and their spouses (ev                                                                                                           | ven if a spousal affidavit has been submitted)                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|--|
| Last Name: WISLIN  Social Security Number:  Spouse Full Name (indicate N/A if single):  Spouse Social Security Number:  Percentage of member ownership 25 | First Name: AWYMI: ADate of Birth:  LUSSE   L. WLESCIEV  Date of Birth:    |  |
| Spouse Social Security Number:                                                                                                                            | First Name: CODY MI: F  Date of Birth:  Date of Birth:  Date of Birth:     |  |
| Social Security Number:  Spouse Full Name (indicate N/A if single):  Spouse Social Security Number:  Percentage of member ownership 12.5                  | First Name: LESILE MI: F  Date of Birth:  Cody F. Wieselev  Date of Birth: |  |
| Social Security Number:                                                                                                                                   | First Name: MI:   Date of Birth:                                           |  |
| •                                                                                                                                                         | Date of Birth:                                                             |  |

| Is the applying Limit  | ed Liability Company     | controlled by another co                                   | orporation/company?                          | . •                  |
|------------------------|--------------------------|------------------------------------------------------------|----------------------------------------------|----------------------|
| TYES                   | Mo                       |                                                            |                                              |                      |
| 3) Controlling of      | oration                  | e controlling corporatio<br>egistered with the Nebra<br>26 | n named above<br>aska Secretary of State, co | ppy of articles must |
| Indicate the compan    | y's tax year with the IR | S (Example January thi                                     | rough December)                              |                      |
| Starting Date:         | nuary (                  | Ending Date:                                               | December                                     | 31                   |
| Is this a Non Profit ( | Corporation?             |                                                            |                                              |                      |
| YES                    | NO                       |                                                            |                                              |                      |

### Nebraska Secretary of State

### NUMARK GOLF, L.L.C.

Fri Sep 15 13:34:63 2017

SOS Account Number 10239673 Status Active

Principal Office Address
No address on file
Registered Agent and Office Address
KINSEY BAUER
8901 AUGUSTA DR.
LINCOLN, NE 68526
Designated Office Address
8901 AUGUSTA DR.
LINCOLN, NE 68526

Nature of Business
Not Available
Entity Type
Domestic LLC
Qualifying State: NE
Date Filed
Mar 08 2017

#### **Filed Documents**

Filed documents for NUMARK GOLF, L.L.C, may be available for purchase and downloading by selecting the Purchase Now button, Your Nebraska.gov account will be charged the indicated amount for each item you view. If no Purchase Now button appears, please contact Secretary of State's office to request document(s).

| Code | Document                    | Date Filed  | Price                                | · · · · · · · · · · · · · · · · · · · |
|------|-----------------------------|-------------|--------------------------------------|---------------------------------------|
| CRTO | Curtificate of Organization | Mar 08 2017 | \$0.45 = 1 page(s) @ \$0.45 per page | Purchase Now                          |
| PP   | Proof of Publication        | Apr 17 2017 | \$0,45 = 1 page(s) @ \$0.45 per page | Purchaso Now                          |
|      |                             |             |                                      | ·                                     |

### **Good Standing Documents**

If you need your Certificate of Good Standing Apositiled or Authenticated for use in another country, you must contact the Nebraska Secretary of State's office directly for Information and Instructions.
 Occuments obtained from this site cannot be Apostilled or Authenticated.

### Online Certificate of Good Standing with Ejectronic Validation

\$6,50

This certificate is available for immediate viewing/printing from your desktop. A Verification ID is provided on the certificate to validate authenticity online at the Secretary of State's website.

Purchase Now

### Certificate of Good Standing - USPS Mail Delivery

\$10,00

This is a paper certificate mailed to you from the Secretary of State's office within 2-3 business days.

Continue to Order (

🕈 Back to Top

### CERTIFICATE OF ORGANIZATION

### OF

### NUMARK GOLF, L.L.C.

The undersigned acting as Organizer of a Limited Liability Company in conformity with the laws of the State of Nebraska, does hereby submit this document for filing with the Secretary of State and hereby verifies:

- 1. Name. The name of the company shall be NuMark Golf, L.L.C.
- 2. The company is organized to engage in and to do any lawful act concerning any and all lawful business, other than banking or insurance, for which a limited liability company may be organized under the laws of Nebraska. The company is not organized to provide a professional service
- Designated Office. The address of the designated office of the company in Nebraska 3. is:

8901 Augusta Dr., Lincoln, NE 68526

4. Registered Agent. The name and address of the company's registered agent in Nebraska is:

Kinsey Bauer

8901 Augusta Dr., Lincoln, NE 68526

- 5. Effective Date. The effective date shall be the date of filing.
- 6. **Duration.** The period of duration of the company shall be perpetual.

**EXECUTED** by the undersigned Organizer on the 7<sup>th</sup> day of March, 2017.

Darrell K. Stock, Organizer 5533 S. 27th St., Suite 203 Lincoln, NE 68512

(402) 474-8690

# 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.ncbraska.gov

Office Use

### RECEIVED

SEP 7 2017

NEBRASKA LIQUOR
CONTEQUIONMISCION

# 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 <u>member or corporate officer</u>, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See <u>form 147</u> 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 <u>form 147</u> 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

BARCODE

## 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

Office Use

## RECEIVED

SEP 7 2012

NEBRASKA LIQUOR CONTROL COMMISSION

### MUST BE:

- ✓ Citizen of the United States. <u>Include copy of US birth certificate</u>, naturalization paper or current US passport
- ✓ Nebraska resident. <u>Include copy of voter registration card or print out document from Secretary of</u>
  State website
- ✓ Fingerprinted. See <u>form 147</u> 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:      | Mark Golf LCC                              |
| Premises information          |                                            |
| Liquor License Number:        | Class Type(if new application leave blank) |
| Premises Trade Name/DBA:      | Mark Golf Course                           |
| Premises Street Address: 8901 | Augusta for                                |
|                               | County: Lancaster zip Code: 68526          |
| Premises Phone Number: 402    | 488 7888                                   |
| Premises Email address:       | Kbauer 32@gmail.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:BAULV                                                       |              | Fi                                  | rst Name: KINSEY                  | MI:              | D          |
|-----------------------------------------------------------------------|--------------|-------------------------------------|-----------------------------------|------------------|------------|
| Home Address: <u>9400</u>                                             | ugusta       | DOY                                 |                                   |                  |            |
| city: <u>Uncoln</u>                                                   |              | _County:_                           | Lancaster Zip Coo                 | le: <u>(0852</u> | 26         |
| Home Phone Number: 4                                                  | 02 53        | 70 B                                | 086                               |                  |            |
| Driver's License Number & State                                       |              | Control and the Control and Control | NE                                |                  |            |
| Social Security Number:                                               |              |                                     | _ 111                             |                  |            |
| Date Of Birth:                                                        |              | Place (                             | Of Birth: Grand Is                | sland 1          | 1E         |
|                                                                       | aver 3       | 200                                 | Imail. com                        |                  |            |
| Spouse's information  Spouses Last Name: Saw  Social Security Number: | JNO<br>ev    |                                     | _ First Name: <u>Andve</u> N      |                  | <u>D</u>   |
| Driver's License Number & State                                       |              |                                     | 700 1/-                           |                  |            |
| Date Of Birth:                                                        | ·            | P                                   | lace Of Birth: UNGOIN             | INE              |            |
| APPLICANT & SPOUSE MUS<br>APPLICANT                                   | ST LIST RE   | SIDENCI                             | E(S) FOR THE PAST TEN (<br>SPOUSE | 10) YEARS        |            |
| CITY & STATE                                                          | YEAR<br>FROM | YEAR TO                             | CITY & STATE                      | YEAR<br>FROM     | YEAR<br>TO |
| LINCOLN, NE                                                           | 2001         | 2017                                | Lincoln NE                        | 1979             | 2017       |
|                                                                       |              |                                     |                                   |                  |            |
|                                                                       |              |                                     |                                   |                  |            |

|   |   | <br> |      |      |     |       |     |     |     |     |
|---|---|------|------|------|-----|-------|-----|-----|-----|-----|
| 1 | • | M.   | ANA( | ER'S | LAS | TT TW | O E | MPL | OY. | ERS |

| YEAR<br>FROM TO                                                                                   | NAME (                                                                 | OF EMPLOYE                                                                             | CR NAME O                                                                         | OF SUPERVISOR                                                                  | TELEPHONE<br>NUMBER                                                                                                                  |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 02 17                                                                                             | Himan                                                                  | K GOLF                                                                                 | Amy                                                                               | Wieseler                                                                       | 402 560 3/2                                                                                                                          |
| 10 17                                                                                             | Clankle                                                                |                                                                                        | Amy                                                                               | Wieseler<br>Wieseler                                                           | 402 560 312<br>402 560 312                                                                                                           |
|                                                                                                   | mpleted by                                                             |                                                                                        |                                                                                   | ACCURATELY.<br>nless spouse has fil                                            | ed an affidavit of non                                                                                                               |
| tharge means any chardinance or resolution or plea, in the party, please list onvictions that may | arge alloging on. List the clude traffic at charges by occur after the | a felony, misder in nature of the coviolations. Also yeach individuate date of signing | meanor, violation of<br>harge, where the<br>list any charges pe<br>al's name. Com | of a federal or state law<br>charge occurred and t<br>ading at the time of thi | plead guilty to any charge; a violation of a local lave he year and month of the sapplication. If more that ied of any arrests and/o |
| <u>√</u> YES                                                                                      | N                                                                      | O .                                                                                    |                                                                                   |                                                                                |                                                                                                                                      |
| yes, please explai                                                                                | n below or                                                             | attach a separate                                                                      | e page.                                                                           |                                                                                |                                                                                                                                      |
| Name of Appli                                                                                     | cant                                                                   | Date of<br>Conviction<br>(mm/yyyy)                                                     | Where<br>Convicted<br>( City & State)                                             | Description<br>of<br>Charge                                                    | Disposition                                                                                                                          |
| Andrew R                                                                                          | Baver                                                                  | see                                                                                    | attach                                                                            | d                                                                              |                                                                                                                                      |
|                                                                                                   |                                                                        |                                                                                        |                                                                                   |                                                                                |                                                                                                                                      |
|                                                                                                   |                                                                        |                                                                                        |                                                                                   |                                                                                |                                                                                                                                      |
|                                                                                                   |                                                                        |                                                                                        |                                                                                   |                                                                                |                                                                                                                                      |
|                                                                                                   |                                                                        |                                                                                        |                                                                                   |                                                                                |                                                                                                                                      |
| Have you or any other sta                                                                         | ~ 4                                                                    | se ever been app                                                                       | proved or made a                                                                  | pplication for a lique                                                         | or license in Nebraska                                                                                                               |
| IF YES, list                                                                                      | the name o                                                             | f the premise(s)                                                                       | :                                                                                 |                                                                                |                                                                                                                                      |
| Davenes                                                                                           |                                                                        | walifa undan Ni                                                                        | abruata Lianar C                                                                  | ontrol Act (852-121                                                            | O1) and do you intend                                                                                                                |
|                                                                                                   |                                                                        | qualify under Ne<br>management o                                                       |                                                                                   | ontrol Act <u>(§53-131.</u>                                                    | <u>01)</u> and do you inten                                                                                                          |

| Applicant Name             | Date (mm/yyyy)        | Name of program (attach copy of course completion certification) |
|----------------------------|-----------------------|------------------------------------------------------------------|
| Insey Bauer<br>ndrew Bauer | 9/13/14               |                                                                  |
| ndreu Baur                 | 3/29/17               | RBST                                                             |
|                            |                       |                                                                  |
| *For                       | list of NLCC Certific | d Training Programs see training                                 |
| sperience:                 | Date of               | Name & Location of Business:                                     |
| Applicant Name / Job Title | Employment:           |                                                                  |
| Andrew Baley               | 03-17                 | HIMANK GOLF COUNCE & YHOC<br>HIMANK GOLF COUNCE & YHOC           |
|                            |                       |                                                                  |
|                            |                       |                                                                  |
|                            |                       |                                                                  |
|                            |                       |                                                                  |

### 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.

Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16-34.

Signature of Manager Applicant

Signature of Spouse

### ACKNOWLEDGEMENT

State of Nebraska
County of Lanca State

The foregoing instrument was acknowledged before me this

Safta Lea 5, 201

by In See Harden Bales

NAME OF PERSON BEING ACKNOWLEDGED

Affix Seal

Affix Seal

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

### SUBMISSSION OF FINGERPRINTS / PAYMENT OF FEES TO NSP-CID

NEBRASKA LIQUOR CONTROL COMMISSION 301 CENTENNIAL MALL SOUTH

PO BOX 95046

LINCOLN, NE 68509-5046

PHONE: (402) 471-2571 FAX: (402) 471-2814

Website: www.lcc.nebraska.gov

RECEIVED

NEBRASKA LIQUOR Office Use dniv OMINICA ON

Class:\_\_\_\_\_ License #:

Applicant Name: NuMark Golf LLC
(Corporation, LLC, Partnership or Individual)

Trade Namo: NUMAVK Golf Course
(Doing Business As)

402 498 7888 Kbauer 32 @ gmail. Com

### DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED PROCESSING FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE.
- See Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Applicant Guidlines".
- **DO NOT** send fee payments to the NLCC -- fees **MUST** be paid directly to NSP;
- Fee payment of \$45.25 per person MUST be made DIRECTLY to the Nebraska State Patrol; It is recommended to make payment through the NSP PayPort online system at www.ne.gov/go/nsp Or a check made payable to NSP can be mailed directly to the following address:

\*\*\*Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License\*\*\*

The Nebraska State Patrol - CID Division 3800 NW 12th Street Lincoln, NE 68521

- 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: Last 4 SSN: Date fingerprints were taken: 6/6/17 Location where fingerprints were taken: 150                                                                                                                                                                                                                                                                                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date fingerprints were taken: 6/6/17 Location where fingerprints were taken: 150                                                                                                                                                                                                                                                                                                          |
| How was payment made to NSP?   NSP PAYPORT   CASH   CHECK SENT TO NSP Ck #                                                                                                                                                                                                                                                                                                                |
| My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES IV                                                                                                                                                                                                                                                  |
| 2. Name: Andy Baule Date of Birth: Last 4 SSN  Date fingerprints were taken: Location where fingerprints were taken:                                                                                                                                                                                                                                                                      |
|                                                                                                                                                                                                                                                                                                                                                                                           |
| How was payment made to NSP? ✓NSP PAYPORT □CASH □CHECK SENT TO NSP Ck #                                                                                                                                                                                                                                                                                                                   |
| My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES □                                                                                                                                                                                                                                                   |
| 3. Name: Awy Wieselev Date of Birth: Last 4 SSN:  Date fingerprints were taken:  Location where fingerprints were taken:                                                                                                                                                                                                                                                                  |
| Date fingerprints were taken: Location where fingerprints were taken:                                                                                                                                                                                                                                                                                                                     |
| How was payment made to NSP? ♥NSP PAYPORT □CASH □CHECK SENT TO NSP Ck #                                                                                                                                                                                                                                                                                                                   |
| My fingerprints are already on file with the commission—fingerprints completed for a previous application less than 2 years ago YES                                                                                                                                                                                                                                                       |
| 4. Name: Date of Birth: Last 4 SSN:                                                                                                                                                                                                                                                                                                                                                       |
| Date fingerprints were taken: Location where fingerprints were taken:                                                                                                                                                                                                                                                                                                                     |
| How was payment made to NSP? □NSP PAYPORT □CASH □CHECK SENT TO NSP Ck #                                                                                                                                                                                                                                                                                                                   |
| My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago YES $\square$                                                                                                                                                                                                                                           |
| Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34. |
| I hereby certify that fees of \$45.25 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): Amy Wieseler Title: Member                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                           |



## RECEIVED

SEP 7 2017

NEBRASKA LIQUOR

Strategy and Business Plan:

Long-time employees, along with their spouses will be joining me to form a new LLC, NuMark Golf, LLC. Our goal is to continue to run successful operations as a current 27 hole and future 36 hole golf course which was opened in 1993 as HiMark Golf Course. We will continue to market to a broad spectrum of golfers with our older cliental during the day, leagues in the evening, events, and to people of all skill levels. We will provide a high quality, yet affordable golf course that will challenge some but a fun recreational get away for most. We plan to keep business activities the same with providing the best service on and off of the golf course available before, during, or after the round. By doing this we will keep fantastic business relations with members of our growing Lincoln community. If all goes as planned we will have a profitable business in which we can continue to expand as well as increase our customer base while fine tuning the golf course.

Amy Wieseler HiMark Golf Course 8901 Augusta Drive Lincoln, NE 68526 402-488-7888

### PURCHASE AGREEMENT

THIS AGREEMENT is made and entered into this 3/ day of (2017, by and between HiMark Golf Course, L.L.C., a Nebraska Limited Liability Company, hereinafter referred to as "Seller" and NuMark Golf, L.L.C., a Nebraska Limited Liability Company, hereinafter referred to as "Buyer.

WHEREAS, Buyer is the owner the real estate occupied by the business commonly known as the HiMark Golf Course (hereinafter "Business") located at located at 8901 Augusta Dr., Lincoln, Nebraska; and

WHEREAS, Buyer has entered into a Personal Property Lease for the assets of the Business which includes but is not limited to, office equipment, computers, bunkers, banquet tables and chairs, kitchen equipment, glassware, plates and utensils; and

WHEREAS, Seller is the owner and operator of the liquor establishment known as HiMark Golf Course located on the real estate owned by Buyer; and

WHEREAS, Seller desires to sell the inventory of the liquor business, including but not limited to, the inventory of beer, wine and liquor; and

WHEREAS, Buyer is desirous of purchasing; and

WHEREAS, the parties hereto are desirous of placing their covenants and agreement in writing.

NOW, THEREFORE, in consideration of the covenants and agreements hereinafter set forth, the parties hereto stipulate and agree as follows:

- 1. Sale: Seller hereby agrees to sell and convey to Buyer, and Buyer hereby agrees to purchase from Seller, all of the inventory of the liquor business currently known as HiMark Golf Course, located at 8901 Augusta Dr., Lincoln, Nebraska, including but not limited to, the inventory of beer, wine and liquor itemized on Appendix "A", attached hereto and by reference made a part hereof.
- 2. Price/Payment: The parties agree that the liquor inventory in hand at the date of the preliminary closing, as set forth on Appendix "A", shall be paid for at the Closing based on its invoice cost.

## 3. Closing:

- a. **Preliminary Closing**: The term "Preliminary Closing" as used herein shall refer to the date when Buyer takes possession of the premises after submitting its application for a liquor license and prior to Closing. During such period, Buyer shall operate the business pursuant to a Temporary Operating Permit. Buyer shall assume all the operating expenses incurred after taking possession.
- b. Closing: The term "Closing" as used herein shall refer to any date mutually agreed upon by the parties hereto which is within five (5) days of notice that Buyer's application for a Class "C" liquor license has received final approval.
- c. Payment: At the Closing, the Buyer shall deliver a cashier's check for the liquor inventory.
- 5. Liabilities Assumed: No liabilities are being assumed by Buyer herein.
- 6. Contingent Upon Approval: It is understood and agreed that the purchase contemplated by this agreement is subject to the issuance of a Class "C" liquor license to the Buyer by the Nebraska Liquor Control Commission. In the event such license is not issued, then this agreement shall be null, void and of no force and effect
- 7. Representations and Warranties: Seller hereby represents and warrants to Buyer as follows:
  - a. Organization; Power; Good Standing: Seller is a limited liability company duly organized, validly existing, and in good standing under the laws of the State of Nebraska and it has all requisite power and authority to own and operate and to carry out the business as now being conducted and to enter into this Agreement and perform its obligations hereunder.
  - b. Authority Relative to Agreement: This Agreement has been duly executed and delivered by Seller and constitutes a legal, valid and binding obligation of each of them, enforceable against them individually in accordance with its terms, except as the same may be limited by bankruptcy, insolvency, reorganization, or other laws affecting enforcement of creditors' rights generally, or by equitable discretion in connection with the application of equitable remedies.
  - 8. Time: The parties hereto stipulate that time shall be of the essence of this Agreement.
- 9. Integration: The parties hereto stipulate that this Agreement constitutes a total integration of all of the parties' covenants and agreements and terms hereof shall not be modified, except in writing, and upon agreement of the parties.

- 10. **Choice of Law**: The parties hereto stipulate that the laws of the State of Nebraska shall govern the construction and enforcement of the terms of this Agreement.
- 11. Binding Effect: The parties hereto respectively bind their heirs, officers, agents, successors, and personal representative to the faithful performance of the terms hereof.

| • •                                                                                               | " <b>-</b>                                                                                                                                                                                                                                                 |
|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| BUYER:                                                                                            | SELLER:                                                                                                                                                                                                                                                    |
| NUMARK GOLF, L.L.C., a Nebraska<br>Limited Liability Company                                      | HIMARK GOLF COURSE, L.L.C., a Nebraska Limited Liability Company                                                                                                                                                                                           |
| By: Kinsey Bauer, Manager                                                                         | By: Amy A. Wieseler, Manager                                                                                                                                                                                                                               |
| Date: 8/31/17                                                                                     | Date: 8/3///7                                                                                                                                                                                                                                              |
| STATE OF NEBRASKA ) ) ss.                                                                         |                                                                                                                                                                                                                                                            |
| undersigned Notary Public, in and for said con<br>Course, L.L.C., a Nebraska Limited Liability Co | 2017 there personally appeared before me, the unty, Amy Wieseler, Manager of HiMark Golf company, known to me to be the identical person and acknowledged her execution thereof to be her Notary Public  State of Nebraska – General Notary Breinda Delack |
| STATE OF NEBRASKA ) ) ss.                                                                         | My Commission Expires June 5, 2020                                                                                                                                                                                                                         |
| undersigned Notary Public, in and for said con<br>L.L.C., a Nebraska Limited Liability Company    | , 2017 there personally appeared before me, the unty, Kinsey Bauer, Manager of NuMark Golf, known to me to be the identical person who d acknowledged her execution thereof to be her Notary Public                                                        |

|                                       | <del></del>                           |
|---------------------------------------|---------------------------------------|
| Cans of Beer                          |                                       |
| Bud Light                             | 573                                   |
| Budweiser                             | 189                                   |
| Miller Light                          | 169                                   |
| MGD                                   | 38                                    |
| Bud Light Lime                        | 1.38                                  |
| Shock Top                             | 51                                    |
| Mich Ultra                            | 148                                   |
| Busch Light                           | 593                                   |
| Bud Select 55                         | 29                                    |
| Bud Select                            | 257                                   |
| Stella                                | 59                                    |
| Goose Island IPA                      | 63                                    |
| Steigl                                | 29                                    |
| Mikes                                 | 56                                    |
| Redds                                 | 67                                    |
| Leienkugels                           | 47                                    |
| Chelada                               | 126                                   |
| Heineken                              | 72                                    |
| Modelo                                | 59                                    |
| Flavored Ritas                        | 84                                    |
| Corona                                | 78                                    |
|                                       | · · · · · · · · · · · · · · · · · · · |
| Bottles of Beer                       |                                       |
| Bud Light                             | 278                                   |
| Budweiser                             | 106                                   |
| Miller Light                          | 212                                   |
| MGD                                   | 38                                    |
| Bud Light Lime                        | 59                                    |
| Shock Top                             | 14                                    |
| Zipline                               | 17                                    |
| Busch Light                           | 194                                   |
| Corona Extra                          | 78                                    |
| Corona Light                          | 19                                    |
| Modelo                                | 39                                    |
| Goose Island                          | 71.                                   |
| Bud Light Lime                        | 64                                    |
| Mich Ultra                            | 156                                   |
| Bud Select                            | 41                                    |
| Woodchuck Amber                       | 34                                    |
| Heineken                              | 91                                    |
| Coors Light                           | 154                                   |
| Mikes                                 | 97                                    |
| Leinekugels Summer Shandy             | 40                                    |
| Sierra Nevada Pale Ale                | 19                                    |
| Blue Moon                             | 21                                    |
| · · · · · · · · · · · · · · · · · · · | 25                                    |
| Boulevard                             | 43                                    |

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| Design Al-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 4.0         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| Redd's Ale                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 16          |
| Lucky Bucket                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 8           |
| Litera of the control | <del></del> |
| Liters of Liquor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 33.77       |
| Crown Royal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 37 1/2      |
| Bacardi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 19 1/2      |
| Jim Beam                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 25 1/2      |
| Jose Cuervo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1 22 4 /2   |
| Jack Daniels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 22 1/2      |
| Captain Morgan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 4           |
| Fris Vodka                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 29 1/2      |
| Fireball                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 26          |
| Windsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 12          |
| Hiriam Walker Peach Schnapps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 11 1/2      |
| Hiriam Walker Butterscotch Schnapps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1           |
| Kahula                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12          |
| Hiriam Walker Ameretto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7 3/4       |
| Hiriam Walker Triple Sec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 11 3/4      |
| Hiriam Walker Cinnamon Schnapps                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2           |
| Martini Rossi                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2 1/2       |
| Sambuca                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1           |
| Grand Manier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 1/2       |
| Drambue                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 3           |
| Bushnells Irish Honey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2           |
| Crown Royal XO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 1           |
| Dekumper Sour Apple Pucker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 3           |
| Dekumper Crème de Mint                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 2           |
| Dekumper Grape Pucker                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 2           |
| Malibu Flavored                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3           |
| Makers Mark                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 17 3/4      |
| Smirnoff Flavored                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 7           |
| Smirnoff Rasberry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4           |
| Ketel One Orange                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1           |
| Ketel One                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6 1/2       |
| Canadian Club                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 5           |
| Canadian Supreme                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15 1/2      |
| Malibu                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 8 1/2       |
| Skol Gin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2           |
| Tanquerey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 26          |
| Bombay Sapphire                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12 1/2      |
| Seagrams Gin                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 1/2       |
| Seagrams 7                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 12 1/4      |
| Montezuma Tequila                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 11          |
| Peligrosso Cinnamon Tequila                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 5           |
| Glinfiddich                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 8 1/2       |
| Wild Turkey                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 3           |
| Southern Comfort                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 15          |
| record measure et la                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |             |

| Jameson                    | 5 1/2 |
|----------------------------|-------|
|                            |       |
| Kegs of Beer               |       |
| Miller Lite                | 3 1/2 |
| Boulevard                  | 1/2   |
| Bud Light                  | 5 1/4 |
| Busch Light                | 1     |
| Shock Top                  | 2 1/2 |
| Coors Light                | 1     |
| Budweiser                  | 1/2   |
| Sam Adams Okoberfesst      | 1     |
| Leinenkugels Summer Shandy | 11    |
| Amber Bock                 | 1     |
| Backswing                  | 1 1/6 |
|                            |       |
|                            |       |
| Wine                       |       |
| Sycamore Lane Red Blends   | 52    |
| Sycamore Lane White Blends | 128   |
| Canyon Road Merlot         | 11    |
| Coastal Vines Red          | 7     |
| Jacobs Creek White         | 5     |
| Cook's Champagne           | 15    |
|                            |       |
| 50 mL                      |       |
| Crown Royal                | 38    |
| Bacardi                    | 46    |
| Jack Daniels               | 141   |
| Captain Morgan             | 214   |
| Jim Beam                   | 438   |
| Smirnoff Vodka             | 914   |

Parcel #1 Clubhouse

## LEASE

This lease agreement made and entered into this 31st day of August, 2017, by and between Amy A. Wieseler, hereinafter referred to as "Lessor" and NuMark Golf, L.L.C., a Nebraska Limited Liability Company, hereinafter referred to as "Lessoc".

WITNESSETH: That the Lessor is presently the owner of the parcel of real estate hereinafter described and is desirous of leasing said premises to the Lessee under the terms and conditions hereinafter described; and does grant the options for additional lease as hereinafter described; and Lessee is desirous of leasing said premises under the terms and conditions hereafter set forth.

NOW, THEREFORE, in consideration of the mutual promises herein made and the covenants to be made and kept by each of the parties, and in consideration of the payments herein to be made, the parties do contract and agree as follows:

1. The Lessor does hereby lease unto Lessee, and Lessee hereby leases from Lessor the following described real estate together with the premises and improvements located thereon, towit:

## See attached Exhibit A

- 2. The initial term of this lease shall be until October 31, 2017. Thereafter, the term of the lease shall be for a period of one (1) year commencing as of the 1<sup>st</sup> day of November, 2017. The premises described in Paragraph 1 shall be used and occupied by the Lessee for the purpose of operating a golf course and a liquor and restaurant establishment.
- 3. Lessee's rent shall be satisfied by its obligation to pay all taxes and insurance and to maintain the Premises as set forth in this Lease and the actual payment and performance of those obligations.
- 4. This lease shall be automatically renewed for additional one year terms ("lease year") unless Lessor or Lessee gives a notice of termination thirty (30) days prior to November 1st of any lease year. The rent for such renewed lease year shall be as set forth above.
- 5. Lessee shall pay all real estate taxes and assessments levied against the leased premises.

- 6. Lessee agrees to carry, at its expense, with Lessor as a named insured, public liability and fire and casualty insurance satisfactory to Lessor, it being the intent of the parties that all insurance costs be borne by Lessee.
- 7. Lessor shall lease the buildings and grounds to Lessee in an "as is" condition based upon the present inspection of the Lessee. Any repairs shall be at Lessee's expense.
- 8. During the term of this lease and any extension, Lessee shall keep and maintain all structural portions of said buildings. Lessee shall, at its expense, maintain and service the heating, air conditioning unit, plumbing and electrical systems located in said premises including replacement, if necessary, and shall maintain all interior floors, walls and ceilings and shall be liable and shall replace any glass breakage on said premises. Lessee shall maintain the parking areas and exterior grounds in satisfactory condition.
- 9. Each of the parties hereto hereby releases the other from any claim for recovery for any loss or damage to any of their property which is insured under valid and collectible insurance policies to the extent of any recovery collectible under such insurance. It is further agreed that this waiver shall apply only when permitted by the applicable policies of insurance.
- In the event Lessee shall fail promptly to pay the obligations as they become due and payable, or if Lessee shall make default in the observance and performance of any or either of the other provisions, covenants or stipulations herein contained to be observed, kept and performed, then, and in any such event, the Lessor, at its option, in the event of failure to pay any installment of rental as above provided, and in any other or others of such above mentioned events, upon ten (10) days prior written notice by Registered Mail to Lessee, Lessor may declare this lease terminated, in which event all rights of the Lessee hereunder shall forthwith cease and determine, and Lessee shall surrender immediate peaceable possession of the leased premises to Lessor, unless within the period of such notice Lessee shall make good any such defaults.
- 11. It is agreed that this lease shall not be assigned, or said premises sublet, by Lessee without first securing the written consent of Lessor. It is agreed that the covenants and agreements herein contained shall pass to, and be binding upon the heirs, executors, administrators, successors and assigns of the parties hereto.
- 12. It is agreed that no right, title or interest in and upon this lease shall pass to any Trustee in Bankruptcy, nor by judicial process, nor by operation of the law, without the consent of the Lessor. The bankruptcy or insolvency of Lessee, or other tenant who may go into possession of

the premises with written consent of Lessor shall, at the option of Lessor, work an immediate forfeiture of the lease and all interest of Lessee therein and thereunder; and the failure of Lessor to exercise its option and terminate the lease on account of bankruptcy or insolvency of Lessee shall, in no case, prevent its exercising the option in any subsequent case of like nature.

- 13. Lessee agrees that, at the expiration of the term of this lease, or at or upon any earlier termination of the same, in case it shall be sooner terminated, Lessee will quietly and peaceably yield up to Lessor the possession of the demised premises. It is expressly agreed that, if any condition or agreement herein contained on the part of Lessee be not fully completed with and performed, then, and in such case, Lessor may terminate the lease and retake possession of the premises, and put out and remove therefrom any and all persons in possession or occupying the same in accordance with the terms of the previous paragraph.
- 14. In case fire or the elements damage or destroy the building of which the leased premises are a party, so that Lessee cannot continue to carry on his business therein in the usual and regular manner, Lessor agrees to repair the building and restore said premises during a period of one hundred eighty (180) days thereafter, and during that time when Lessee shall be prevented from doing business on account thereof, he shall not be required to pay rent. In the event the building cannot be restored and the premises repaired, in order that the Lessee may continue business within the period of one hundred eighty (180) days, then this lease shall be null and void as to both parties.
- 15. It is agreed by the parties hereto that Lessor shall not be responsible or liable to Lessee for loss of business or any damage or loss to any of Lessee's property in or upon said premises from water, steam, rain, snow, wind or gas, sewerage, or electric current which may leak or come into said premises, issue or flow from the pipes, plumbing work, roof or electric wiring of the building of which the demised premises are a part when the delay in repairing said heating or air conditioning equipment for said premises was beyond the control of Lessor.
- 16. It being specifically understood between the parties hereto that Lessee shall operate its business in a manner which shall conform to all state and local laws, ordinances and policies set forth by the local and state governments; and should Lessee violate any of said laws, ordinances and policies, Lessor shall have the right to cancel this lease upon fifteen (15) days prior written notice to Lessee.

Lessor agrees to provide for Lessee all of the leasehold improvements, in a "ready to 17. occupy" condition, required by Lessee to conduct golf and food service operations upon the premises.

Lessor does hereby represent and warrant that she holds the title to the real estate of 18. which the premises hereby located are a part, and that she has full power to lease the same and, so long as Lessee performs the agreements and covenants herein contained, she will permit Lessee peaceably to hold and enjoy said premises during the term of this lease, without interruption by Lessor.

The parties agree that the present intention regarding the Premises is for the Lessor 19. to redevelop the Premises into residential uses which will necessitate the demolition of the improvements and relocation and reconstruction of the improvements. All such demolition and reconstruction shall be at the cost of Lessor and Lessor shall provide such temporary facilities required to continue the operation of a golf course, with the timing and staging of the same to be negotiated by the parties.

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NUMARK GOLF, L.L.C., a Nebraska

Limited Liability Company

By: Kinsey Bauer Manager

Date: 8/31/17

LESSOR:

Amy A. Wieseler

Date: 8/31/17

DAS 1600

Inst # 2017032506 Fri Aug 04 12:06:33 CDT 2017
filing Fee: \$18.00 Stamp Tax: \$0.00 Exempt 50 cpocks
fancaster County, NE Assessor/Register of Ceeds Office CORED
Pages 2

The above space is reserved for use by the Register of Deeds

Return To: Darrell K. Stock, Attorney at Law, 5533 S. 27th St., Suite 203, Lincoln, NE 68512 (402) 474-8690

## QUITCLAIM DEED

HiMark Property, LLC, a Nebraska limited liability company, Grantor, whether one or more, in consideration of One Dollar (\$1.00) and other good and valuable consideration, receipt of which is hereby acknowledged, quitelaims and conveys to NuMark Golf, L.I..C., a Nebraska limited liability company, Grantee, the following described real estate (as defined in Neb. Rev. Stat. § 76-201) in Lancaster County, Nebraska:

See Attached Exhibit A

Executed: July 18, 2017.

HIMARK PROPERTY, LLC, Grantor

By: Amy A. Wieseler, Manager

| STATE OF NEBRASKA   | )    |
|---------------------|------|
|                     | ) ss |
| COUNTY OF LANCASTER | )    |

The foregoing instrument was acknowledged before me on July 2017 by Amy A. Wieseler, as Manager of HIMARK PROPERTY, LLC, Grantor.

GENERAL NOTARY - Stole of Nebraska

DARRELL K, STOCK

My Comm. Exp. October 19, 2018

Notary Public

## EXHIBIT A

Attachment to Quitclaim Deed from Hilmark Property, LLC to NuMark Golf, LLC

Property ID: Himark Estates 19th Addition, Outlot A, Pt Lying In Td 0224, Lincoln, Lancaster 16-11-122-010-000 County, Nebraska

Property ID: Himark Estates 19th Addition, Outlot A, Pt Lying In Td 0228, Lincoln, Lancaster 16-11-122-011-000 County, Nebraska

Himark Estates 20th Addition, Pt Outlot B Lying In TD 0224, Lincoln, Lancaster Property ID: County, Nebraska 16-11-125-010-000

Property ID: Himark Estates 20th Addition, Pt Outlot B Lying In TD 0035, Lincoln, Lancaster County, Nebraska

16-11-125-011-000

Himark Estates 20th Addition, Pt Outlot C Lying In TD 0035, Lincoln, Lancaster Property ID: 16-11-125-013-000 County, Nebraska



Inst # 2017032505 Fr. Aug 04 12:06:33 CDT 2017
Filing Fee: \$16.00 Stamp Tax: \$0.00 Exempt 5b chacks
Lancaster County, NE Assessor/Register of Deeds Office GCOEED
Pages 2

The above space is reserved for use by the Register of Deeds

Return To: Darrell K. Stock, Attorney at Law, 5533 S. 27th St., Suite 203, Lincoln, NE 68512 (402) 474-8690

## QUITCLAIM DEED

Russel Wieseler and Amy A. Wieseler, husband and wife, Grantor, whether one or more, in consideration of One Dollar (\$1.00) and other good and valuable consideration, receipt of which is hereby acknowledged, quitclaims and conveys to NuMark Golf, L.L.C., a Nebraska limited liability company, Grantee, the following described real estate (as defined in Neb. Rev. Stat. § 76-201) in Lancaster County, Nebraska:

See Attached Exhibit A

| Executed: July                                             | 15 2017.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Russel Wieseler, Grantor                                   | Amy A. Wickeler, Grantor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| STATE OF NEBRASKA                                          | )<br>) ss.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| COUNTY OF LANCASTER                                        | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| The foregoing instrument w Russel Wieseler and Amy A. Wies | The state of the s |

DARRELL K. STOCK My Comm. Exp. October 19, 2018 Notary Public



## EXHIBIT A

Attachment to Quitclaim Deed from Russel & Amy A. Wieseler to NuMark Golf, LLC

Property ID:

16-11-330-004-000

Himark Estates 16th Addition, Outlot A & Himark Estates 11th Addition, Outlot B & Himark Estates 3rd Addition, Outlot C & Himark Estates 1st Addition, Outlot C, Lincoln,

Lancaster County, Nebraska

Property ID: 16-11-408-009-000

Irongate Estates 3rd Addition, Remaining Port Outlot A, That Part Lying Outside City Limits, Lincoln, Lancaster County, Nebraska

Property ID: 16-11-408-008-000

Irongate Estates 3rd Addition, Remaining Port Outlot A That Part Lying Inside City



Limits, Lincoln, Lancaster County, Nebraska

. Furniture, Lixtures & Equipment

## PERSONAL PROPERTY LEASE AGREEMENT

This Lease Agreement is entered into as of this 31st<sup>st</sup> day of August, 2017, by and between **HiMark Golf Course**, **L.L.C.**, a Nebraska Limited Liability Company, ("Lessor"), and **NuMark Golf**, **L.L.C.**, a Nebraska Limited Liability Company ("Lessee").

The parties hereby agree as follows:

- 1. **DEFINITIONS.** As used in this Agreement, the following terms shall have the following meanings:
  - a. "Schedule" the schedule attached hereto as Exhibit "A" and made a part of this Lease Agreement.
  - b. "Equipment"-the personal property identified in the Schedule.
  - c. "Location" Lessee's premises located on the property owned or leased by Lessee.
- 2. LEASE. Lessor hereby leases to Lessee, and Lessee leases from Lessor, the Equipment, upon the terms set forth herein.
- 3. **RENT.** Lessee shall pay as Rent for use of the Equipment in the sum of \$4,454.75 ("Rent Commencement Date") and thereafter on the First day of each and every month during the term of this Agreement. Rent(s) shall be due whether or not Lessee has received any notice that such payment is due. All Rent(s) shall be paid to Lessor at the address directed by Lessor in writing.
- 4. TERM. The term of this Lease shall be One Hundred Twenty (120) months beginning September 1, 2017. This agreement cannot be cancelled or terminated except as expressly provided herein.
- 5. LIENS AND TAXES. Lessee shall pay to Lessor, upon notice from Lessor and when due, all charges and taxes, local, state, and federal, which may now or hereafter be imposed upon the ownership, leasing, rental, sale, purchase, possession, or use of the Equipment, excluding. If Lessee fails to pay any of said charges and taxes to Lessor when due, Lessor shall have the right, but not the obligation, to pay them and add the amounts thereof to the gross amounts due under this lease.
- 6. USE; REPAIRS; ALTERATIONS; REPLACEMENTS, LOSS AND DAMAGE. Lessee shall keep the Equipment at the Location and shall not remove it to a different location without the prior written consent of Lessor. Until the return of the Equipment to Lessor, Lessee at its expense shall properly maintain the Equipment, shall use it in a careful manner, shall comply with all statutes, ordinances, regulations, and laws relating to its installation, possession, use or maintenance, shall obtain all permits and licenses necessary to its use, shall keep the Equipment in good repair, and shall furnish all parts, mechanisms and devices required therefor. All replacements, additions and improvements made to the Equipment shall belong to Lessor.

Lessee shall bear the entire risk of loss, theft, damage or destruction of the Equipment from any cause whatsoever, during the term and until the return of the Equipment to Lessor. No loss, theft, damage or destruction of the Equipment or delay, deficiency or absence of insurance proceeds, nor any unavailability, delay or failure of supplies, parts, mechanisms, devices or services for the Equipment or failure of the Equipment to function for any cause shall relieve Lessee of the obligation to pay rent or of any other obligation hereunder, In the event of damage to any item of Equipment, Lessee shall immediately place the same in good repair. Lessee represents that the equipment shall be utilized in its business for commercial operations, and that no item of equipment will be used for personal, consumer, family or household purposes.

- 7. **OWNERSHIP.** The Equipment shall at all times remain the property of Lessor. Lessee shall at all times protect and defend, at its own cost and expense, the ownership of Lessor against all claims, liens and legal processes of creditors of Lessee and other persons, and keep the Equipment free and clear from all such claims, liens and processes. The Equipment is and shall remain personal property, and not become part of any real estate, whether as a fixture or otherwise.
- 8. UNIFORM COMMERCIAL CODE FINANCING STATEMENTS. Lessee shall execute any financing statements regarding the Equipment, pursuant to the Uniform Commercial Code, which Lessor reasonably requests Lessee to execute. Lessee authorizes Lessor and all its assignees to file financing statements signed only by Lessor or such assignee(s) in all places where Lessor or said assignee(s) deems necessary to protect its or their interest in any jurisdictions where such authorization is permitted by law.
- 9. INSURANCE. Lessee shall, during the term of this Lease, purchase and maintain insurance, with an insurer of sound financial standing, covering loss, theft, damage or destruction of the Equipment (hereinafter "Loss Risk") in an amount equal to its cost of replacement, and covering liability for personal injury or death or property damage arising from or related to the use or operation of the Equipment (hereinafter "Liability Risk") in an amount no less than \$1,000,000.00. Lessec shall, in a Lessor's Loss Payable Endorsement, on a form acceptable to Lessor, provide that the proceeds of such insurance for Loss Risk shall be payable to the Lessor, and further provide that Lessor shall be named as an insured or additional insured of such insurance for Liability Risk. Upon the execution of this Lease, Lessee shall instruct its insurance agent, broker or company to confirm to the Lessor in writing that the insurance required hereby has been bound, and inform the Lessor of the name of the insurance company binding such insurance, the amount of insurance and a full description of the coverage. Within Thirty (30) days after the date hereof Lessec shall forward to Lessor a copy of the endorsement(s) naming Lessor as additional insured and loss payed. If Lessoe fails to purchase and maintain insurance in accordance with the terms of this Lease, Lessor shall have the right, but not the obligation, to obtain such insurance, pay the premium for same, and add same to the gross amounts due under this Lease. Lessor may apply the proceeds of said insurance for Loss Risk to replace or repair the Equipment and/or to satisfy Lessee's obligations hereunder.

## 10. ASSIGNMENT.

- a. Without Lessor's prior written consent, Lessee shall not (1) assign, transfer, pledge, hypothecate or otherwise dispose of this Lease or any interest therein, or (2) sublease or loan the Equipment or permit it to be used by anyone other than Lessee or Lessee's qualified employees.
- b. Lessor may assign this Lease and/or grant a security interest in the Equipment, in whole or in part, without notice to Lessee. Any of Lessor's assignces or such secured parties may reassign this lease and/or such security interest without notice to Lessee. Each such assignee and/or secured party shall have all of the rights of Lessor under this Lease.
- 11. **INDEMNITY**. Lessee shall defend and indemnify Lessor against, and hold Lessor harmless from, any and all claims, actions, proceedings, expenses, damages or liabilities, including without limitation attorneys' fees, arising from the possession, operation, or use of the Equipment, including, without limitation, its manufacture, selection, purchase, delivery, possession, use, operation or return.
- 12. LATE CHARGES AND INTEREST. Should Lessee fail to pay any part of the rent, or any other sum required to be paid to Lessor by Lessee, within Ten (10) days after the due date thereof, Lessee shall pay to Lessor a late charge of Five percent (5%) of the delinquent amount for each month or part thereof for which rent or other sum shall be delinquent. In the event, however, that such late charge shall exceed the amount permitted therefor by applicable law, Lessee shall instead pay only the maximum amount thereby permitted.
- 13. **DEFAULT.** Notwithstanding Lessor's rights and remedies set forth in Paragraph 14 hereinabove, and without limitation or waiver thereof, in the event Lessee (a) fails to pay any rent or other amount required hereunder within Ten (10) days after the same becomes due and payable, (b) fails to perform any other provision hereof within \_\_\_\_\_ (\_\_\_\_) days after Lessor shall have demanded in writing the performance thereof, (c) abandons the Equipment, (d) allows any proceeding in bankruptcy, receivership or insolvency to be commenced by or against Lessee or its property, (e) makes an assignment for the benefit of its creditors, (f) makes any misrepresentation or false statement as to Lessee's credit or financial standing in connection with the execution of this Lease, (g) allows any substantial attachment or execution be levied on Lessee's property, or (h) permits any other entity or person to use the Equipment without the prior written consent of Lessor, then Lessor shall have the right, but not the obligation, to exercise any one or more of the following remedies, which remedies or any of them may be exercised by Lessor after Ten (10) days written notice to Lessee:
  - a. Repossession: Lessor and/or its agents may, without notice, liability, or legal process, enter into any premises of or under control or jurisdiction of Lessee or any agent of Lessee where the Equipment may be or be believed to be located and repossess said Equipment, disconnecting and separating all thereof from any other property and using all means necessary to do so. Lessee waives any right of action

- against Lessor arising from the removal, repossession or retention of the Equipment.
- b. **Acceleration**: Lessor may declare all sums due and to become due hereunder immediately due and payable.
- c. Recovery of Sums Due or to Become Due: Lessor may recover all rents and other amounts due as of the date of such default, or in the event suit is thereafter brought by Lessor for same, recover all rents and other sums that may accrue thereafter up to and including the date of trial.
- d. Other Remedies: Lessor may pursue any other remedy now or hereafter existing at law, in equity, or by statute.
- c. Mitigation: Lessor may at its sole discretion, although it shall not be so obligated, sell the Equipment at a private or public, cash or credit sale, or may re-lease the Equipment for a term and rental which may be equal to, greater than, or less than the rental and term herein provided. Any proceeds of sale, or any rental payments received under a new lease, less Lessor's expenses of taking possession, reasonable attorneys' fees and/or collection fees, and costs of storage, reconditioning, if any, and sale or re-leasing, shall be applied to the Lessee's obligations hereunder, and Lessee shall remain liable for the balance on the unpaid aggregate rental set forth above. Lessee's liability shall not be reduced by reason of any failure of Lessor to sell or re-lease. In the event that the obligations of Lessee hereunder are guaranteed by a guarantor or guarantors, Lessor shall not be obligated to proceed against any such guarantor or guarantors before resorting to its remedies against Lessee hereunder.
- 14. **NOTICES.** Any written notice or demand under this Lease may be given to a party by mailing it to the party at such address as the party may provide in writing from time to time. Notice or demand so mailed shall be effective when deposited in the United States mail, duly addressed and with postage prepaid.
- 15. LESSEE'S PURCHASE OPTION. Provided that no event of default has occurred and is continuing upon expiration of this Agreement, Lessee shall have the right to exercise the option to purchase, all of the Equipment for the sum of One Dollar (\$1.00).
- 16. MISCELLANEOUS. (a) Time is of the essence of this Lease. (b) This Lease, its performance and breach, shall be governed and construed in accordance with the laws of the State of. (c) If there is more than one Lessee named herein, the liability of each shall be joint and several. (d) If any provision of this Lease, other than those whereby Lessee is obligated to pay rental, to maintain the Equipment in good condition, or to obtain insurance, is held invalid, such invalidity shall not affect the other provisions which can be given effect without the invalid provision; to this end the provisions of this Lease are declared to be severable. (c) This instrument together with any written exhibit, instrument, document, escrow agreement, or other agreements executed by the parties hereto or any document executed by Lessee pursuant to any

executed agreement of the parties hereto, which refers to and/or secures the performance of this Lease, constitute the entire agreement between Lessor and Lessee with respect to the subject matter hereof. (f) This Lease may not be amended, altered or changed except by written agreement signed by the parties hereto. (g) Waiver by Lessor of any provision hereof in one instance shall not constitute a waiver as to any other instance.

Lessee acknowledges that it has read this Lease and all documents made a part hereof and understands the terms and conditions hereof, and that all required corporate action has been taken authorizing the execution of this Lease, on behalf of Lessee, by the persons doing so.

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|   |    |    |    |     |     |  |

NUMARK GOLF, L.L.C., a Nebraska Limited Liability Company

By: Kinsey Bauer, Manager

Date: 8/31/17

LESSOR:

HIMARK GOLF COURSE, L.L.C., a Nebraska Limited Liability Company

By: Museler, Manager

Amy A. Wieseler, Manager

Date: 8/31/17

Property List of Equpiment

| rioperty histor adoptinate            |               |
|---------------------------------------|---------------|
| JD 2500 Greens & Tee Mowers x 5       | \$ 5,000.00   |
| JD Fairways Mowers x 4                | \$ 7,000.00   |
| Toro 325 D x 2                        | \$ 4,000.00   |
| Hustler                               | \$ 4,000.00   |
| Toro 4500 x 2                         | \$ 10,000.00  |
| Toro 3500                             | \$ 500.00     |
| JD Sand Pro                           | \$ 1,000.00   |
| Toro Sand Pro                         | \$ 1,000.00   |
| Carryall x 5                          | \$ 5,000.00   |
| Toro Sprayer                          | \$ 2,000.00   |
| JD Tractor                            | \$ 4,000.00   |
| Ford Tractor                          | \$ 1,000.00   |
| Toro Workman                          | \$ 3,000.00   |
| JD Gator                              | \$ 4,000.00   |
| Custman Topdresser                    | \$ 7,000.00   |
| Tri King                              | \$ 1,000.00   |
| Cushma Truck x 3                      | \$ 4,000.00   |
| Bobcat plus attachments               | \$ 15,000.00  |
| Pro Flex Mower                        | \$ 1,000.00   |
| Ford Pickup                           | \$ 3,000.00   |
| Snow blade for truck                  | \$ 2,000.00   |
| Seeder                                | \$ 1,000.00   |
| JD Aerifier                           | \$ 1,500.00   |
| Dodge Dumptruck                       | \$ 3,000.00   |
| Irrigation System, comp, pumps, heads | \$ 10,000.00  |
|                                       | \$ 100,000.00 |
|                                       |               |
| Golf Carts (90 x \$3000)              | \$ 270,000.00 |
|                                       |               |
| Property List of Clubhouse Fixtures   |               |
| Office Equipment and Computers        | \$ 15,000.00  |
| Bunkers & BNQ Tables & Chairs         | \$ 15,000.00  |
| Kitchen Equipment, Plates, & Utensils | \$ 20,000.00  |
|                                       | \$ 50,000.00  |

## NuMark Golf, LLC Personal Property Lease

Compound Period .....: Monthly

Nominal Annual Rate ...: 5.000 % Effective Annual Rate ...: 5.116 %

## CASH FLOW DATA

|   | Event   | Date       | Amount     | Number | Period  | End Date   |
|---|---------|------------|------------|--------|---------|------------|
| i | Loan    | 06/01/2017 | 420,000.00 | 1      |         |            |
| 2 | Payment | 07/01/2017 | 4,454.75   | 120    | Monthly | 06/01/2027 |

## AMORTIZATION SCHEDULE - Normal Amortization

|         | Date       | Payment   | Interest  | Principal | Balance    |
|---------|------------|-----------|-----------|-----------|------------|
| Loan    | 06/01/2017 |           |           |           | 420,000.00 |
| 1       | 07/01/2017 | 4,454.75  | 1,750.00  | 2,704.75  | 417,295.25 |
| 2       | 08/01/2017 | 4,454.75  | 1,738.73  | 2,716.02  | 414,579.23 |
| 3       | 09/01/2017 | 4,454.75  | 1,727.41  | 2,727.34  | 411,851.89 |
| 4       | 10/01/2017 | 4,454.75  | 1,716.05  | 2,738.70  | 409,113.19 |
| 5       | 11/01/2017 | 4,454.75  | 1,704.64  | 2,750.11  | 406,363.08 |
| 6       | 12/01/2017 | 4,454.75  | 1,693.18  | 2,761.57  | 403,601.51 |
| 2017 To | tals       | 26,728.50 | 10,330.01 | 16,398.49 |            |
| 7       | 01/01/2018 | 4,454.75  | 1,681.67  | 2,773.08  | 400,828.43 |
| 8       | 02/01/2018 | 4,454.75  | 1,670.12  | 2,784.63  | 398,043.80 |
| 9       | 03/01/2018 | 4,454.75  | 1,658.52  | 2,796.23  | 395,247.57 |
| 10      | 04/01/2018 | 4,454.75  | 1,646.86  | 2,807.89  | 392,439.68 |
| 11      | 05/01/2018 | 4,454,75  | 1,635.17  | 2,819.58  | 389,620.10 |
| 12      | 06/01/2018 | 4,454.75  | 1,623.42  | 2,831.33  | 386,788.77 |
| 13      | 07/01/2018 | 4,454.75  | 1,611.62  | 2,843.13  | 383,945.64 |
| 14      | 08/01/2018 | 4,454.75  | 1,599.77  | 2,854.98  | 381,090.66 |
| 15      | 09/01/2018 | 4,454.75  | 1,587.88  | 2,866.87  | 378,223.79 |
| 16      | 10/01/2018 | 4,454.75  | 1,575.93  | 2,878.82  | 375,344.97 |
| 17      | 11/01/2018 | 4,454.75  | 1,563.94  | 2,890.81  | 372,454.16 |
| 18      | 12/01/2018 | 4,454.75  | 1,551.89  | 2,902.86  | 369,551.30 |
| 2018 To | otals      | 53,457.00 | 19,406.79 | 34,050.21 |            |
| 19      | 01/01/2019 | 4,454.75  | 1,539.80  | 2,914.95  | 366,636.35 |
| 20      | 02/01/2019 | 4,454.75  | 1,527.65  | 2,927.10  | 363,709.25 |
| 21      | 03/01/2019 | 4,454.75  | 1,515.46  | 2,939.29  | 360,769.96 |
| 22      | 04/01/2019 | 4,454.75  | 1,503.21  | 2,951.54  | 357,818.42 |
| 23      | 05/01/2019 | 4,454.75  | 1,490.91  | 2,963.84  | 354,854.58 |
| 24      | 06/01/2019 | 4,454.75  | 1,478.56  | 2,976.19  | 351,878.39 |

NuMark Golf, LLC Personal Property Lease

|         | Date       | Payment   | Interest  | Principal | Balance    |
|---------|------------|-----------|-----------|-----------|------------|
| 25      | 07/01/2019 | 4,454.75  | 1,466.16  | 2,988.59  | 348,889.80 |
| 26      | 08/01/2019 | 4,454.75  | 1,453.71  | 3,001.04  | 345,888.76 |
| 27      | 09/01/2019 | 4,454.75  | 1,441.20  | 3,013.55  | 342,875.21 |
| 28      | 10/01/2019 | 4,454.75  | 1,428.65  | 3,026.10  | 339,849.11 |
| 29      | 11/01/2019 | 4,454.75  | 1,416.04  | 3,038.71  | 336,810.40 |
| 30      | 12/01/2019 | 4,454.75  | 1,403.38  | 3,051.37  | 333,759.03 |
| 2019 To |            | 53,457.00 | 17,664.73 | 35,792.27 |            |
| 31      | 01/01/2020 | 4,454.75  | 1,390.66  | 3,064.09  | 330,694.94 |
| 32      | 02/01/2020 | 4,454.75  | 1,377.90  | 3,076.85  | 327,618.09 |
| 33      | 03/01/2020 | 4,454.75  | 1,365.08  | 3,089.67  | 324,528.42 |
| 34      | 04/01/2020 | 4,454.75  | 1,352.20  | 3,102.55  | 321,425.87 |
| 35      | 05/01/2020 | 4,454.75  | 1,339.27  | 3,115.48  | 318,310.39 |
| 36      | 06/01/2020 | 4,454.75  | 1,326.29  | 3,128.46  | 315,181.93 |
| 37      | 07/01/2020 | 4,454.75  | 1,313.26  | 3,141.49  | 312,040.44 |
| 38      | 08/01/2020 | 4,454.75  | 1,300.17  | 3,154.58  | 308,885.86 |
| 39      | 09/01/2020 | 4,454.75  | 1,287.02  | 3,167.73  | 305,718.13 |
| 40      | 10/01/2020 | 4,454.75  | 1,273.83  | 3,180.92  | 302,537.21 |
| 41      | 11/01/2020 | 4,454.75  | 1,260.57  | 3,194.18  | 299,343.03 |
| 42      | 12/01/2020 | 4,454.75  | 1,247.26  | 3,207.49  | 296,135.54 |
| 2020 To | otals      | 53,457.00 | 15,833.51 | 37,623.49 |            |
| 43      | 01/01/2021 | 4,454.75  | 1,233.90  | 3,220.85  | 292,914.69 |
| 44      | 02/01/2021 | 4,454.75  | 1,220.48  | 3,234.27  | 289,680.42 |
| 45      | 03/01/2021 | 4,454.75  | 1,207.00  | 3,247.75  | 286,432.67 |
| 46      | 04/01/2021 | 4,454.75  | 1,193.47  | 3,261.28  | 283,171.39 |
| 47      | 05/01/2021 | 4,454.75  | 1,179.88  | 3,274.87  | 279,896.52 |
| 48      | 06/01/2021 | 4,454.75  | 1,166.24  | 3,288.51  | 276,608.01 |
| 49      | 07/01/2021 | 4,454.75  | 1,152.53  | 3,302.22  | 273,305.79 |
| 50      | 08/01/2021 | 4,454.75  | 1,138.77  | 3,315.98  | 269,989.81 |
| 51      | 09/01/2021 | 4,454.75  | 1,124.96  | 3,329.79  | 266,660.02 |
| 52      | 10/01/2021 | 4,454.75  | 1,111.08  | 3,343.67  | 263,316.35 |
| 53      | 11/01/2021 | 4,454.75  | 1,097.15  | 3,357.60  | 259,958.75 |
| 54      | 12/01/2021 | 4,454.75  | 1,083.16  | 3,371.59  | 256,587.16 |
| 2021 To | otals      | 53,457.00 | 13,908.62 | 39,548.38 |            |
| 55      | 01/01/2022 | 4,454.75  | 1,069.11  | 3,385.64  | 253,201.52 |
| 56      | 02/01/2022 | 4,454.75  | 1,055.01  | 3,399.74  | 249,801.78 |
| 57      | 03/01/2022 | 4,454.75  | 1,040.84  | 3,413.91  | 246,387.87 |
| 58      | 04/01/2022 | 4,454.75  | 1,026.62  | 3,428.13  | 242,959.74 |
| 59      | 05/01/2022 | 4,454.75  | 1,012.33  | 3,442.42  | 239,517.32 |
| 60      | 06/01/2022 | 4,454.75  | 997.99    | 3,456.76  | 236,060.56 |
| 61      | 07/01/2022 | 4,454.75  | 983.59    | 3,471.16  | 232,589.40 |

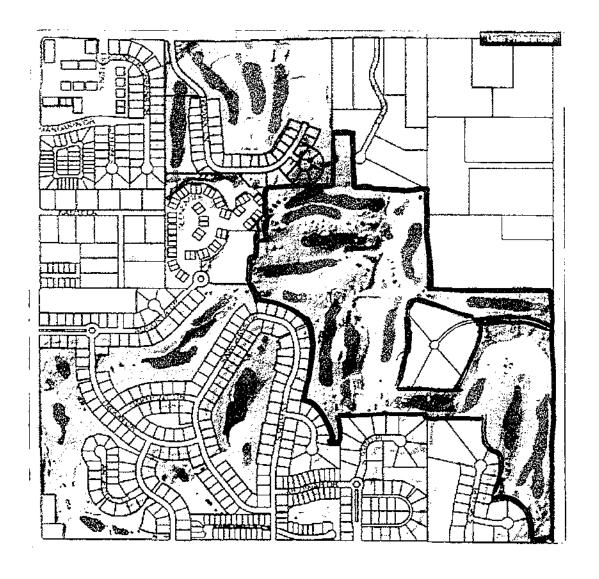
NuMark Golf, LLC Personal Property Lease

|         | Date       | Payment   | Interest  | Principal | Balance    |
|---------|------------|-----------|-----------|-----------|------------|
| 62      | 08/01/2022 | 4,454.75  | 969.12    | 3,485.63  | 229,103.77 |
| 63      | 09/01/2022 | 4,454.75  | 954.60    | 3,500.15  | 225,603.62 |
| 64      | 10/01/2022 | 4,454.75  | 940.02    | 3,514.73  | 222,088.89 |
| 65      | 11/01/2022 | 4,454.75  | 925.37    | 3,529.38  | 218,559.51 |
| 66      | 12/01/2022 | 4,454.75  | 910.66    | 3,544.09  | 215,015.42 |
| 2022 To |            | 53,457.00 | 11,885.26 | 41,571.74 |            |
| 67      | 01/01/2023 | 4,454.75  | 895.90    | 3,558.85  | 211,456.57 |
| 68      | 02/01/2023 | 4,454.75  | 881.07    | 3,573.68  | 207,882.89 |
| 69      | 03/01/2023 | 4,454.75  | 866.18    | 3,588.57  | 204,294.32 |
| 70      | 04/01/2023 | 4,454.75  | 851.23    | 3,603.52  | 200,690.80 |
| 71      | 05/01/2023 | 4,454.75  | 836.21    | 3,618.54  | 197,072.26 |
| 72      | 06/01/2023 | 4,454.75  | 821.13    | 3,633.62  | 193,438.64 |
| 73      | 07/01/2023 | 4,454.75  | 805.99    | 3,648.76  | 189,789.88 |
| 74      | 08/01/2023 | 4,454.75  | 790.79    | 3,663.96  | 186,125.92 |
| 75      | 09/01/2023 | 4,454.75  | 775.52    | 3,679.23  | 182,446.69 |
| 76      | 10/01/2023 | 4,454.75  | 760.19    | 3,694.56  | 178,752.13 |
| 77      | 11/01/2023 | 4,454.75  | 744.80    | 3,709.95  | 175,042.18 |
| 78      | 12/01/2023 | 4,454.75  | 729.34    | 3,725.41  | 171,316.77 |
| 2023 To |            | 53,457.00 | 9,758.35  | 43,698.65 |            |
| 79      | 01/01/2024 | 4,454.75  | 713.82    | 3,740.93  | 167,575.84 |
| 80      | 02/01/2024 | 4,454.75  | 698.23    | 3,756.52  | 163,819.32 |
| 81      | 03/01/2024 | 4,454.75  | 682.58    | 3,772.17  | 160,047.15 |
| 82      | 04/01/2024 | 4,454.75  | 666.86    | 3,787.89  | 156,259.26 |
| 83      | 05/01/2024 | 4,454.75  | 651.08    | 3,803.67  | 152,455.59 |
| 84      | 06/01/2024 | 4,454.75  | 635.23    | 3,819.52  | 148,636.07 |
| 85      | 07/01/2024 | 4,454.75  | 619.32    | 3,835.43  | 144,800.64 |
| 86      |            | 4,454.75  | 603.34    | 3,851.41  | 140,949.23 |
| 87      |            | 4,454.75  | 587.29    | 3,867.46  | 137,081.77 |
| 88      |            | 4,454.75  | 571.17    | 3,883.58  | 133,198.19 |
| 89      |            | 4,454.75  | 554.99    | 3,899.76  | 129,298.43 |
| 90      |            | 4,454.75  | 538.74    | 3,916.01  | 125,382.42 |
| 2024 T  |            | 53,457.00 | 7,522.65  | 45,934.35 |            |
| 91      | 01/01/2025 | 4,454.75  | 522.43    | 3,932.32  | 121,450.10 |
| 92      |            | 4,454.75  | 506.04    | 3,948.71  | 117,501.39 |
| 93      |            | 4,454.75  | 489.59    | 3,965.16  | 113,536.23 |
| 94      |            | 4,454.75  | 473.07    | 3,981.68  | 109,554.55 |
| 95      |            | 4,454.75  | 456.48    | 3,998.27  | 105,556.28 |
| 96      |            | 4,454.75  | 439.82    | 4,014.93  | 101,541.35 |
| 97      |            | 4,454.75  | 423.09    | 4,031.66  | 97,509.69  |
| 98      |            | 4,454.75  | 406.29    | 4,048.46  | 93,461.23  |

NuMark Golf, LLC Personal Property Lease

|         | Date       | Payment    | Interest   | Principal  | Balance   |
|---------|------------|------------|------------|------------|-----------|
| 99      | 09/01/2025 | 4,454.75   | 389.42     | 4,065.33   | 89,395.90 |
| 100     | 10/01/2025 | 4,454.75   | 372.48     | 4,082.27   | 85,313.63 |
| 101     | 11/01/2025 | 4,454.75   | 355.47     | 4,099.28   | 81,214.35 |
| 102     | 12/01/2025 | 4,454.75   | 338.39     | 4,116.36   | 77,097.99 |
| 2025 To | tals       | 53,457.00  | 5,172.57   | 48,284.43  |           |
| 103     | 01/01/2026 | 4,454.75   | 321.24     | 4,133.51   | 72,964.48 |
| 104     | 02/01/2026 | 4,454.75   | 304.02     | 4,150.73   | 68,813.75 |
| 105     | 03/01/2026 | 4,454.75   | 286.72     | 4,168.03   | 64,645.72 |
| 106     | 04/01/2026 | 4,454.75   | 269.36     | 4,185.39   | 60,460.33 |
| 107     | 05/01/2026 | 4,454.75   | 251.92     | 4,202.83   | 56,257.50 |
| 108     | 06/01/2026 | 4,454.75   | 234.41     | 4,220.34   | 52,037.16 |
| 109     | 07/01/2026 | 4,454.75   | 216.82     | 4,237.93   | 47,799.23 |
| 110     | 08/01/2026 | 4,454.75   | 199.16     | 4,255.59   | 43,543.64 |
| 111     | 09/01/2026 | 4,454.75   | 181.43     | 4,273.32   | 39,270.32 |
| 112     | 10/01/2026 | 4,454.75   | 163.63     | 4,291.12   | 34,979.20 |
| 113     | 11/01/2026 | 4,454.75   | 145.75     | 4,309.00   | 30,670.20 |
| 114     | 12/01/2026 | 4,454.75   | 127.79     | 4,326.96   | 26,343.24 |
| 2026 To | otals      | 53,457.00  | 2,702.25   | 50,754.75  |           |
| 115     | 01/01/2027 | 4,454.75   | 109.76     | 4,344.99   | 21,998.25 |
| 116     | 02/01/2027 | 4,454.75   | 91.66      | 4,363.09   | 17,635.16 |
| 117     | 03/01/2027 | 4,454.75   | 73.48      | 4,381.27   | 13,253.89 |
| 118     | 04/01/2027 | 4,454.75   | 55.22      | 4,399.53   | 8,854.36  |
| 119     | 05/01/2027 | 4,454.75   | 36.89      | 4,417.86   | 4,436.50  |
| 120     | 06/01/2027 | 4,454.75   | 18.25      | 4,436.50   | 0.00      |
| 2027 To | otals      | 26,728.50  | 385.26     | 26,343.24  |           |
| Grand ( | l'otals    | 534,570.00 | 114,570.00 | 420,000.00 |           |

## North



Entire 27 Hole Golf Course, approximately 232.86 acres, which is located between S. 84<sup>th</sup> Street and S. 98<sup>th</sup> Streets and Pioneers Blvd. and Old Cheney of which approximately 121.21 acres is located outside of the city limits as outlined on the diagram



Polling Place feature. Locate Your Polling

TOWN A STA

POLLING PLACE

PROVISIONAL BALLOT

ABSENTEE BALLOT

Select Language

## Registrant Search Information

## Registrant Detail

Name: Party: Polling Place: Kinsey D Bauer Libertarian First Free Church

3300 S 84th Street (South Entrance) Lincoln, NE 68506

## Districts

DISTRICT NAME

Uncoin Public Schools Southeast Com College Dist 5 Southeast Com College At Large U.S. Congressional District 1 Appeals Court Judge Dist 1 County Judge Dist 3 District Judge, Dist 3

Juy Crt Judge, Lancaster Co. Supreme Court Judge Dist 1 Legislative District 25

Lower Platte South NRD SubD 4

PSC District 1

Board of Regents District 1 Lincoln City Council DIST 02

Mayor of Lincoln

County Commissioner DIST 04 LPS School Board DIST 06 State Board of Education Dist1

City of Lincoln

Lower Platte South NRD At Larg

### DISTRICT TYPE

School District

Community College District Community College District U.S. Congressional District Judge of Appeals Court Dist. Judge of County Court Dist. Judge of Distlot Court Dist. Judge of Juvenile Court Judge of Supremo Court Dist. Legislative District Natural Resources District **Public Service Comm District** Board of Regents

City Council (Ward)

Mayor

County Board (Commiss./Superv)

School Board Ward State Board of Education City Council (Ward) Natural Resources District

Yoter View Mobile Registration Information Polling Place Provisional Ballot Absentee Ballot

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HOME

POLLING PLACE PROVISIONAL BALLOT ABSENTEE BALLOT

Select Language

## Registrant Search Information

### Registrant Detail

Name: Party: Polling Place: Andrew D Bauer Republican The Legacy

5600 Pionaers Blvd (West Entr. -> Fireside Room)

Lincoln, NE 68506

## Districts

DISTRICT NAME

Lincoln Public Schools
Southeast Com College Dist 5
Southeast Com College At Large
U.S. Congressional District 1
Appeals Court Judge Dist 1
County Judge Dist 3

District Judge, Oist 3 Juv Crt Judge, Lancaster Co. Supreme Court Judge Dist 1 Legislative District 25

Lower Platte South NRO SubD 8

PSC District 1

Board of Regents District 1 Lincoln City Council DIST 02

Mayor of Lincoln

County Commissioner DIST 04 LPS School Board DIST 02 State Board of Education Dist1

City of Lincoln

Lower Platte South NRD At Larg

DISTRICT TYPE

School District

Community College District
Community College District
U.S. Congressional District
Judge of Appeals Court Dist,
Judge of County Court Dist,
Judge of Distlet Court Dist,
Judge of Juvenile Court
Judge of Supreme Court Dist,
Legislative District
Natural Resources District
Public Service Comm District

Board of Regents

City Council (Ward)

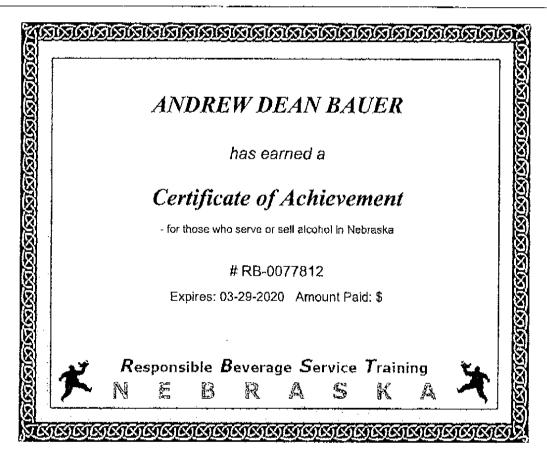
Mayor
County Board (Commiss./Superv)

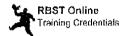
School Board Ward State Board of Education City Council (Ward) Natural Resources District

Voter View Mobile
Registration Information Polling Place Provisional Ballot Absentce Ballot

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® Voter View 2.12.1206,0





| General           | Credential    | Number       | Earned     | Expires    |
|-------------------|---------------|--------------|------------|------------|
| Andrew Dean Bauer | SERVE CLEAN   | SC-1041393   | 04-23-2015 | 04-23-2017 |
| 8400 augusta dr   | STATE ALCOHOL | RB-0077812   | 03-29-2017 | 03-29-2020 |
| Lincoln NE 68526  | CITY ALCOHOL  | l.nk-0078603 | 04-17-2017 | 04-17-2020 |
|                   |               |              |            |            |
|                   |               |              |            |            |

Certificate of Achievement

- for those who serve or sell alcohol in Nebreska

ANDREW DEAN BAUER

Permit Expires: 04-17-2020 Amount Paid: \$15.00

Permit Expires: 04-17-2020 Amount Paid: \$15.00

YNDREW DEAN BAUER

Formit Expires: 04-17-2020 Amount Paid: \$15.00

ANDREW DEAN BAUER

Formit Expires: 04-17-2020 Amount Paid: \$15.00





| General           | Credential    | Number      | Earned     | Expires    |
|-------------------|---------------|-------------|------------|------------|
| Andrew Dean Bauer | \$ERVE CLEAN  | SC-1041393  | 04-23-2015 | 04-23-2017 |
| 8400 augusta da   | STATE ALCOHOL | RB-0077812  | 03-29-2017 | 03-29-2020 |
| Lincoln NE 68526  | CITY ALCOHOL  | LNK-0078603 | 04-17-2017 | 04-17-2020 |
|                   |               |             |            | i<br>i i   |
|                   |               |             |            |            |



## Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

## KINSEY DAWN BAUER

holds :

City Alcohol permit

Permit # LNK-0076011

Permit Expires: 02-16-2020 Amount Paid: \$15.00

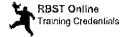
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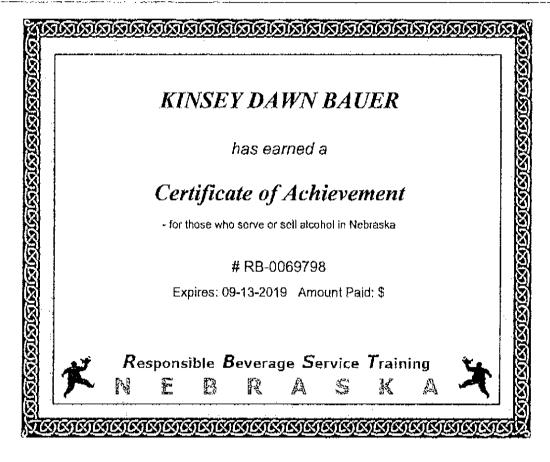


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| General            | Credential    | Number      | Earned     | Expires                                 |
|--------------------|---------------|-------------|------------|-----------------------------------------|
| Kinsey Dawn Bauer  | STATE ALCOHOL | RB-0069798  | 09-13-2016 | 09-13-2019                              |
| 8400 augusta drive | CITY ALCOHOL  | LNK-0076011 | 02-16-2017 | 02-16-2020                              |
| Lincoln NE 68526   | ·             |             |            |                                         |
|                    |               |             |            | <i></i>                                 |
|                    |               |             |            | 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - |
|                    |               | •           | ,          |                                         |







| General            | Credential    | Number      | Earned     | Expires    |
|--------------------|---------------|-------------|------------|------------|
| Kinsey Dawn Bauer  | STATE ALCOHOL | RB-0069798  | 09-13-2016 | 09-13-2019 |
| 8400 augusta drive | C(TY ALCOHOL  | LNK-0076011 | 02-16-2017 | 02-16-2020 |
| Lincoln NE 68526   |               |             |            |            |
|                    |               |             |            |            |
|                    |               |             |            |            |
|                    | }             |             |            |            |



# Certificate of Achievement

- for those who serve or sell alcohol in Nebraska

## AMY WIESELER

holds a

City Alcohol Manager permit

Permit # LNKAM-0069741

Permit Expires: 09-08-2019 Amount Paid: \$

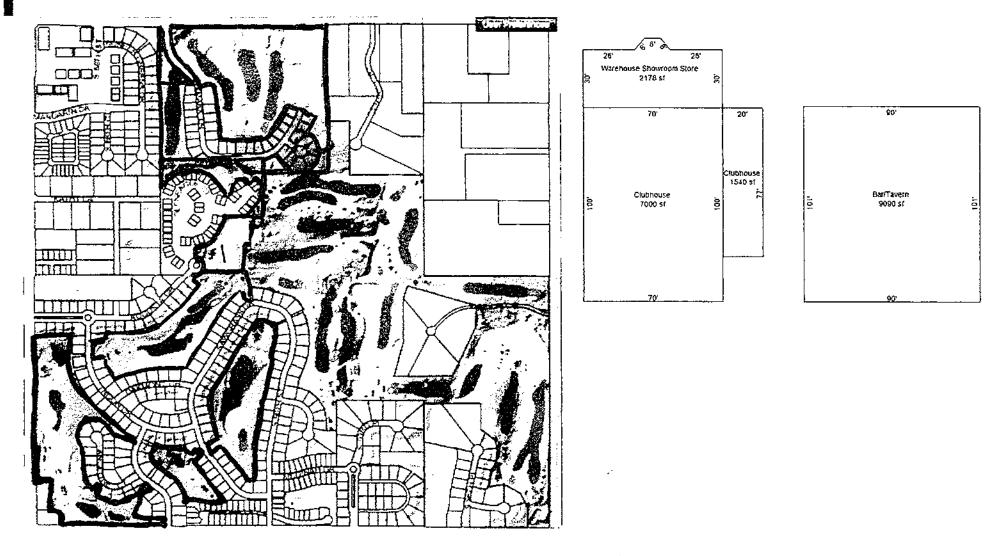
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| General          | Credential           | Number                  | Earned     | Expires    |
|------------------|----------------------|-------------------------|------------|------------|
| Amy Wieseler     | STATE ALCOHOL        | RB-00 <del>6</del> 9740 | 09-08-2016 | 09-08-2019 |
| 8702 augusta dr  | CITY ALCOHOL MANAGER | LNKAM-0069741           | 09-08-2016 | 09-08-2019 |
| Lincoln NE 68526 |                      |                         |            |            |
|                  |                      |                         |            |            |
|                  |                      |                         |            |            |
|                  |                      |                         |            |            |

## North



Entire 27 Hole Golf Course, approximately 232.86 acres, which is located between S. 84<sup>th</sup> Street and S. 98<sup>th</sup> Streets and Pioneers Blvd. and Old Cheney approximately 111.65 acres is located in the city limits as outlined on the diagram; this includes the entire pro shop, cart barn, snack bar, banquet room breezeway, bunkers fairway/social hall and patio areas which are located on the parcel marked as #1 on the diagram



## Kelly S. Lundgren

From:

Ken D. Schroeder

Sent:

Tuesday, September 26, 2017 4:23 PM

To:

Kelly S. Lundgren; Angela S. Keim; Barbi M. Loschen; David A. Derbin; David R. Cary; Greg R. Topil; Jeremy J. Schwarz; Josh D. Clark; Justin L. Daniel; Robert K. Simmering;

Steve S. Henrichsen; Terry A. Kathe; Tom J. Cajka

Cc:

Pamela L. Dingman

Subject:

RE: Liquor License - Manager application

Kelly,

Upon review, this office has no direct objections to this submittal.

Ken

From: Kelly S. Lundgren

Sent: Monday, September 18, 2017 9:02 AM

To: Angela S. Keim < AKeim@lincoln.ne.gov >; Barbi M. Loschen < bloschen@lancaster.ne.gov >; David A. Derbin

<DDerbin@lancaster.ne.gov>; David R. Cary <dcary@lincoln.ne.gov>; Greg R. Topil <gtopil@lincoln.ne.gov>; Jeremy J.

Schwarz < <u>ISchwarz@lancaster.ne.gov</u>>; Josh D. Clark < <u>IClark@lancaster.ne.gov</u>>; Justin L. Daniel

<jdanjel@lincoln.ne.gov>; Ken D. Schroeder <kschroeder@lancaster.ne.gov>; Robert K. Simmering

<RSimmering@lincoln.ne.gov>; Steve S. Henrichsen <shenrichsen@lincoln.ne.gov>; Terry A. Kathe

<tkathe@lincoln.ne.gov>; Tom J. Cajka <tcajka@lincoln.ne.gov>

Subject: Liquor License - Manager application

Please find attached a liquor license application and manager application for NuMark Golf Course, LLC, formerly Himark Golf Course. This is scheduled for a public hearing on October 10th. Please have recommendations to me by Tuesday October 3rd so I have time to forward those to the applicant.

Thank you.

Kelly Lundgron, Records Specialist Lancaster County Clerk 555 S. 10<sup>th</sup> Street, Room 108 Lincoln, NE 68508

Direct: 402-441-7485 Main: 402-441-7484 Todd Duncan Chief Deputy 575 S. 10th Street, Lincoln, Nebraska 68508-2869 Phone (402) 441-6500 Fax (402) 441-8320



## September 29, 2017

Ms. Kelly Lundgron Lancaster County Clerk's Office County-City Building Lincoln, NE 68508

Re: Application for a Class C-122099 Liquor license from NuMark Golf, LLC, dba NuMark Golf Course.

## Dear Ms. Lundgren:

An investigation has been made regarding the application of NuMark Golf, LLC, dba NuMark Golf Course, 8901 Augusta Drive, requesting a Class C-122099 liquor license (beer, wine & distilled spirits on & off-sale). This is the former location of HiMark Golf Course which held a Class D liquor license. NuMark Golf, LLC recently purchased the golf course and the Nebraska Liquor Control Commission has issued a Temporary Operating Permit.

A portion of this golf course is located outside the Lincoln city limits. There is a separate application for a Class C-122098 liquor license that is being processed the City of Lincoln.

Kinsey Bauer, President of NuMark Golf, LLC, is requesting that she be approved as the manager of the liquor license. She has not yet attended the alcohol management training, however Amy Wieseler, former liquor license manager of HiMark Golf Course (LLC member 5), completed the training on September 8, 2016.

HiMark Golf Course has been operating since 1993, under the direction of Amy Wieseler. Long-time employees, along with their spouses, have partnered with Ms. Wieseler to form a new LLC, NuMark Golf, LLC. Ms. Bauer, the manager applicant, has worked at HiMark Golf Course since 2002 and Yankee Hill Country Club since 2010.

## NuMark Golf, LLC Corporate Officers/Stockholders/Members:

Member 1: Kinsey Bauer – President (13%) Member 2: Andrew Bauer – member (12%) Member 3: Todd Whipple – Member (13%) Member 4: Marci Whipple – Member (12%) Member 5: Amy Wieseler – Member (25%) Member 6: Cody Wieseler – Member (13%) Member 7: Leslie Wieseler – Member (12%)

The Lancaster County Sheriff's Office finds no statutory reason to recommend denial of this application.

Sincerely,

Terity T. Wagner

Lancaster County Sheriff