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RESOLUTION NO. \_\_\_\_\_

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS C LIQUOR LICENSE APPLICATION FOR PLAYMAKERS ENTERTAINMENT GROUP, LLC DBA PLAYMAKERS PIZZERIA & SPORTS GRILL, IN LA VISTA, NEBRASKA.

WHEREAS, Playmakers Entertainment Group, LLC dba Playmakers Pizzeria & Sports Grill, 12744 Westport Parkway, Suite 1A, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class D Liquor License, and

WHEREAS, the Nebraska Liquor Control Commission has notified the City of said application, and

WHEREAS, the City has adopted local licensing standards to be considered in making recommendations to the Nebraska Liquor Control Commission, and

WHEREAS, said licensing standards have been considered by the City Council in making its decision.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, hereby recommend to the Nebraska Liquor Control Commission approval of the Class C Liquor License application submitted by Playmakers Entertainment Group, LLC dba Playmakers Pizzeria & Sports Grill, 12744 Westport Parkway, Suite 1A, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 21ST DAY OF MARCH, 2017.

CITY OF LA VISTA

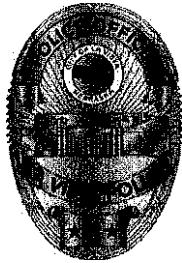
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Douglas Kindig, Mayor

ATTEST:

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Mandy Garrod, CMC  
Deputy City Clerk



**LA VISTA POLICE DEPARTMENT  
INTER-DEPARTMENT MEMO**

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** March 16, 2017

**RE:** LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER  
PLAYMAKERS PIZZERIA AND SPORTS GRILL

**CC:**

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The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Liquor License and Manager application. Michael Boyd was fined \$50 for Disorderly Conduct in Douglas County 2010. Christopher Bursiek has no record in Nebraska.

As with all Nebraska Retail Liquor Licenses, I am asking that the applicant strictly conform to Nebraska Liquor Control Commission rules and regulations under (Sec 53-131.01) Nebraska Liquor Control Act.

**APPLICATION FOR LIQUOR LICENSE  
CHECKLIST - RETAIL**

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

<b>RECEIVED</b>	
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Hot List: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	NEBRASKA LIQUOR CONTROL COMMISSION New/Replacing #
Class Type <input checked="" type="checkbox"/> C	Initial <input type="checkbox"/> RS
<b>121553</b>	

Applicant name Michael Boyd

Trade name Playmakers Pizzeria and Sports Grill

Previous trade name \_\_\_\_\_

Contact email address [mikeboyd@playmakerspizza.com](mailto:mikeboyd@playmakerspizza.com)

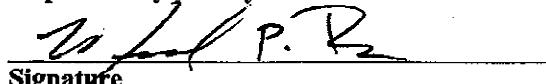
Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving 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.

received  
2/23/17

Office use only	PAYMENT TYPE <u>CK# 833511019</u>	 1700003017
	AMOUNT: <u>\$400</u>	
Received: <u>DR</u>		

1.  Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application.
2.  Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at PAYPORT.
3.  Enclose the appropriate application forms:  
Individual License (requires insert form 1)  
Partnership License (requires insert form 2)  
Corporate License (requires insert form 3a & 3c) **NEBRASKA LIQUOR**  
Limited Liability Company (LLC) (requires forms 3a & 3c) **CONTROL COMMISSION**
4.  If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.
5.  If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.
6.  If buying the business of a current liquor license holder:
  - a. Provide a copy of the purchase agreement from the seller (must read applicants name)
  - b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
  - c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)
7.  If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (Form 125).
8.  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.

  
Signature

2/2/17  
Date

## APPLICATION FOR LIQUOR LICENSE RETAIL

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

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NEBRASKA LIQUOR  
CONTROL COMMISSION

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

**CHECKED DESIRED CLASS**

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

- A BEER, ON SALE ONLY
- B BEER, OFF SALE ONLY
- C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- J LIMITED ALCOHOLIC LIQUOR, OFF SALE - MUST INCLUDE SUPPLEMENTAL FORM 120
- AB BEER, ON AND OFF SALE
- AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
- IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31

All other licenses run from May 1 – April 30

Catering license (K) expires same as underlying retail license

### CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

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

### NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (If applicable)

Commission will call this person with any questions we may have on this application

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

Firm Name \_\_\_\_\_

**INVESTIGATION**Trade Name (doing business as) Playmakers Pizzeria and Sports Grill**RECEIVED**Street Address #1 12744 Westport Parkway

FEB 22 2017

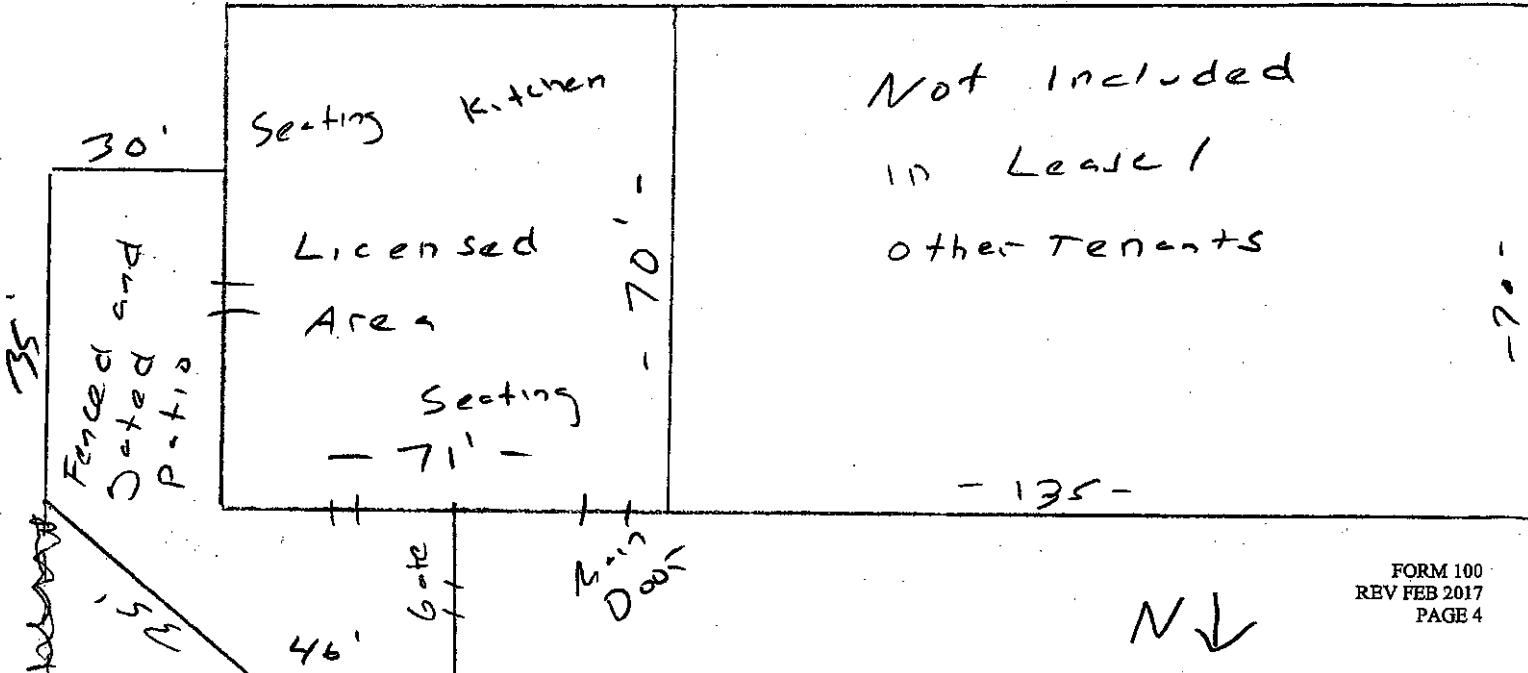
Street Address #2 Suite 1ACity La VistaCounty Sarpy**NEBRASKA LIQUOR  
CONTROL COMMISSION**Zip Code 68128Premises Telephone number 4026199799Business e-mail address mikeboyd@playmakerspizza.comIs this location inside the city/village corporate limits: YES  NO 

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

Name Michael BoydStreet Address #1 11160 Sherman StStreet Address #2 City PapillionState NEZip Code 68046**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 71' x width 70' in feetIs there a basement? Yes  No Is there an outdoor area? Yes  No If yes, length  x width  in feetIf yes, length  x width  in feet**PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET**

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

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

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 YES  NO

If yes, please explain below or attach a separate page

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Michael Boyd			SEE ATTACHED	SEE ATTACHED
Christopher Bursiek	08/2016	Altoona, IA	Speeding Ticket	Ticket Paid

**2. Are you buying the business of a current retail liquor license?** YES  NO

If yes, give name of business and liquor license number \_\_\_\_\_

- a) Submit a copy of the sales agreement
- b) Include a list of alcohol being purchased, list the name brand, container size and how many
- c) Submit a list of the furniture, fixtures and equipment

**3. Was this premise licensed as liquor licensed business within the last two (2) years?** YES  NO

If yes, give name and license number \_\_\_\_\_

**4. Are you filing a temporary operating permit (TOP) to operate during the application process?** YES  NO

If yes:

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

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

YES  XX  NO

If yes, list the lender(s) \_\_\_\_\_

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

XX  YES  NO

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

**Chris Bursiek, LLC Member** **CONTROL COMMISSION**

**No silent partners**

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

YES  XX  NO

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

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

YES  XX  NO

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

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

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

YES  XX  NO

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

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

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

**US Bank - Michael P Boyd**

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.

Michael Boyd - Reel Entertainment Group, Colosseum Entertainment Group, Blurred Entertainment Group

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.

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NEBRASKA LIQUOR  
CONTROL COMMISSION

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Michael Boyd	02/2017	Univ of Nebr Responsible Food and Beverage Service Training
<del>Michael Boyd</del>	<del>02/2017</del>	<del>Safe Safe Alcohol</del>

List of NLCC certified training programs

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Michael Boyd / Owner - Operator		<b>Listed Licenses Above</b>

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

XXX Lease: expiration date September 30, 2027

Deed

Purchase Agreement

14. When do you intend to open for business? May 2017

15. What will be the main nature of business? Restaurant / Sports Bar and Grill

16. What are the anticipated hours of operation? 11 am to 2 am

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS. APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM      TO		SPOUSE: CITY & STATE	YEAR FROM      TO	
Michael Boyd - See Attached					
Chris Bursiek - See Attached					

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.

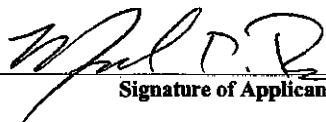
**Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction,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

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

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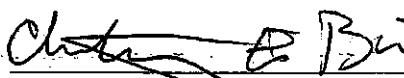
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

Michael P Boyd

Print Name

\_\_\_\_\_  
Print Name



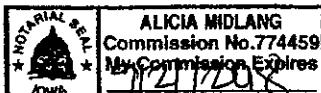
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

Christopher Bursiek

Print Name

\_\_\_\_\_  
Print Name



ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

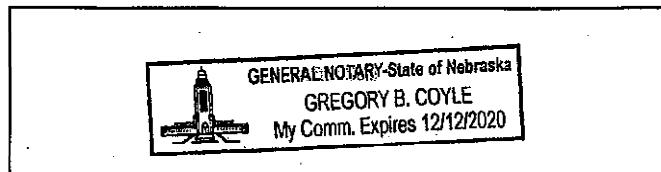
2/7/2017  
date

by Michael P. Boyd

name of person(s) acknowledged (individual(s) signing)



Notary Public signature



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

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

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

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

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

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

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

Name of Registered Agent: **Michael P Boyd**

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

**Playmakers Entertainment Group, LLC** **010237792**

LLC Address: **11160 Sherman St**

City: **Papillion** State: **NE** Zip Code: **68046**

LLC Phone Number: **4026199799** LLC Fax Number: \_\_\_\_\_

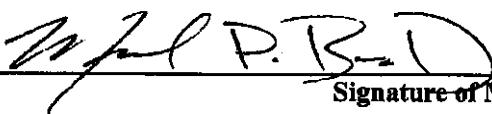
Name of Managing/Contact Member

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

Last Name: **Boyd** First Name: **Michael** MI: **P**

Home Address: **11160 Sherman St** City: **Papillion**

State: **NE** Zip Code: **68046** Home Phone Number: **4026199799**



Signature of Managing/Contact Member

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Douglas

The foregoing instrument was acknowledged before me this

21-1-2017

Date

by Michael P. Boyd  
name of person acknowledge

Affix Seal	 GENERAL NOTARY-State of Nebraska GREGORY B. COYLE My Comm. Expires 12/12/2020
------------	---

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

Last Name: Boyd First Name: Michael MI: P

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: FEB 22 2017

Percentage of member ownership 50% NEBRASKA LIQUOR  
CONTROL COMMISSION

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Last Name: Bursiek First Name: Christopher MI: E

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership 50%

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

---

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Spouse Full Name (indicate N/A if single): \_\_\_\_\_ Date: **FEB 22 2017**

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_ **NEBRASKA LIQUOR**  
**CONTROL COMMISSION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Percentage of member ownership \_\_\_\_\_

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

YES

NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above \_\_\_\_\_
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: January      Ending Date: December

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. \_\_\_\_\_

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

**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](http://www.lcc.nebraska.gov)

Office Use

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**MUST BE:**

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Corporation/LLC Information

Name of Corporation/LLC: Playmakers Entertainment Group, LLC

Premises Information

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

Premises Trade Name/DBA: Playmakers Pizzeria and Sports Grill

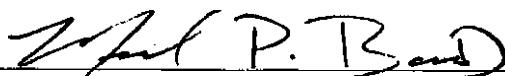
Premises Street Address: 12744 Westport Parkway Suite 1A

City: La Vista County: Sarpy Zip Code: 68128

Premises Phone Number: 4026199799

Premises Email address: mikeboyd@playmakerspizza.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: Boyd First Name: Michael MI: P

Home Address: **11160 Sherman St**

City: **Papillion** County: **Sarpy** Zip Code: **68046**

Home Phone Number: **4026199799** **RECEIVED**

Driver's License Number & State: **NE**      **EEB 22 2017**

DRIVER'S LICENSE NUMBER OR STATE: 123-4567

Social Security Number: \_\_\_\_\_ NEBRASKA LIQUOR

Date Of Birth: - - - Place Of Birth: **Omaha, NE**

mikeboyd@playmakerspizza.com

Email address: lilreboyd@playmakerpizza.com

Are you married? If yes, complete section A from the next page in a separate sheet of paper.

YES

Sparse Stochastic Gradient Descent

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

APPENDIX & FIGURES MUST BE SUBMITTED AS A ZIP FILE IN PDF FORMAT ONLY (4 MB MAX).

<b>CITY &amp; STATE</b>	<b>YEAR FROM</b>	<b>YEAR TO</b>	<b>CITY &amp; STATE</b>	<b>YEAR FROM</b>	<b>YEAR TO</b>
See Attached					

## MANAGER'S LEASER/OWNER INFORMATION

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2010	2016	Meridian Relocation Services	Self Employeed	4026199799
2008	2010	Homes By Design One	Steve Smithberg	No longer in business

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

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YES  NO

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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Michael Boyd - See Attached				

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state?

YES  NO

IF YES, list the name of the premise(s):

Reel, Colosseum, Kennedy's

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

YES  NO

4. List the alcohol related training and/or experience (when and where) of the person making application.

\*NLCC Training Certificate Issued: \_\_\_\_\_ Name on Certificate: **Michael P Boyd**

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
<b>Michael Boyd</b>	<b>02/2017</b>	Univ of Nebr Responsible Food and Beverage Service Training
<del>Michael Boyd</del>	<del>02/2017</del>	<del>• Serv-Safe Alcohol</del>
		<b>RECEIVED</b>
		<b>FEB 22 2017</b>

\*For list of NLCC Certified Training Programs see [training](#)

Experience:

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
<b>Michael Boyd</b>		Owner / Operator of Licenses listed above

5. Have you enclosed form 147 regarding fingerprints?

YES       NO

**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 553-131.01) 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.

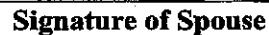
The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

***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.

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Signature of Manager Applicant

  
Signature of Spouse

NEBRASKA LIQUOR  
CONTROL COMMISSION

**ACKNOWLEDGEMENT**

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

2/7/2017  
date

by Michael P. Boyd  
NAME OF PERSON BEING ACKNOWLEDGED

  
Notary Public signature

Affix Seal	GENERAL NOTARY-State of Nebraska GREGORY B. COYLE My Comm. Expires 12/12/2020
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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.