

**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 A CLASS I LIQUOR LICENSE FOR HAIL VARSITY CLUB LLC DBA HAIL VARSITY CLUB IN LA VISTA, NEBRASKA.

WHEREAS, Hail Varsity Club LLC dba Hail Varsity Club, 12744 Westport Pkwy Street, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class I 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 a Class I Liquor License submitted by Hail Varsity Club LLC dba Hail Varsity Club, 12744 Westport Pkwy Street, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 5TH DAY OF APRIL 2022.

CITY OF LA VISTA

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Kim J. Thomas, Acting Mayor

ATTEST:

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Pamela A. Buethe, MMC  
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 7, 2022

**RE:** LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER  
HAIL VARSITY

**CC:**

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The police department conducted a check of computerized records for criminal conduct regarding the applicants for the Liquor License and Manager application. The applicant and Manager applicant (Bill Hipsher) has no record in Sarpy County (a Disturbing the Peace charge from 2005 was "Set Aside" in 2020).

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  
EMAIL: [lcc\\_frontdesk@nebraska.gov](mailto:lcc_frontdesk@nebraska.gov)  
WEBSITE: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

License  
Class: I

License Number:

**124785**

RECEIVED

FEB 15 2022

NEBRASKA LIQUOR  
CONTROL COMMISSION

Office Use Only

NEW / REPLACING

122848

TOP Yes  No

Hot List Yes  No

Initial: BS

## PLEASE READ CAREFULLY

See directions on the next page. 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.

APPLICANT NAME Hail Varsity Club, LLC

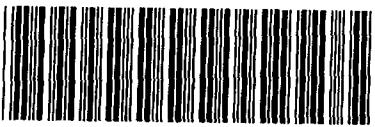
TRADE (DBA) NAME The Hail Varsity Club

PREVIOUS TRADE (DBA) NAME \_\_\_\_\_

CONTACT PHONE NUMBER 402-345-0460

CONTACT EMAIL ADDRESS bill@hurrdat.com

✓ Form 185

Office use only	
PAYMENT TYPE	<u>PayPort 02/15/2022</u>
AMOUNT	<u>\$1400</u>
RCPT	
RECEIVED	<u>AS</u>
DATE DEPOSITED	
 2200002483	

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

RETAIL LICENSE(S)

**CLASS C LICENSE TERM IS FROM NOVEMBER 1 – OCTOBER 31**

**ALL OTHER CLASSES TERM IS MAY 1 – APRIL 30**

A BEER. ON SALE ONLY

B BEER. OFF SALE ONLY\*\*

C BEER. WINE. DISTILLED SPIRITS. ON AND OFF SALE\*\*

Do you intend to sale cocktails to go as allowed under Neb Rev. Statute 53-123.04(4) YES  NO

D BEER. WINE. DISTILLED SPIRITS. OFF SALE ONLY\*\*

F BOTTLE CLUB.

I BEER. WINE. DISTILLED SPIRITS. ON SALE ONLY

Do you intend to sale cocktails to go as allowed under Neb Rev. Statute 53-123.04(5) YES  NO

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 endorsement (Submit Form 106) – Catering license (K) expires same as underlying retail license

Class G Growler endorsement (Submit Form 165) – Class C licenses only

\*\*Class B, Class C, Class D license do you intend to allow drive through services under Neb Rev. Statute 53-178.01(2) YES  NO

**ADDITIONAL FEES WILL BE ASSESSED AT THE CITY/VILLAGE OR COUNTY LEVEL WHEN THE  
LICENSE IS ISSUED**

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

Individual License (requires insert FORM 104)

Partnership License (requires insert FORM 105)

Corporate License (requires FORM 101 & FORM 103)

Limited Liability Company (LLC) (requires FORM 102 & FORM 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**

Name Jonathon H. Latka Phone Number 402-978-5329

Firm Name Fraser Stryker, PC LLO

Email address jlatka@fraserstryker.com

Should we contact you with any questions on the application? YES  NO

**PREMISES INFORMATION**Trade Name (doing business as) The Hail Varsity ClubStreet Address 12744 Westport Pkwy, Suite 1ACity LaVista County Sarpy Zip Code 68138Premises Telephone number 402-345-0460Business e-mail address bill@hurrdat.comIs this location inside the city/village corporate limits YES  NO **MAILING ADDRESS (where you want to receive mail from the Commission)**

Check if same as premises

Name Bill HipsherStreet Address 11218 John Galt Blvd, Suite 300City Omaha State NE Zip Code 68137**DESCRIPTION AND DIAGRAM OF THE AREA TO BE LICENSED**

IN THE SPACE PROVIDED BELOW OR ATTACH A DRAWING OF THE AREA TO BE LICENSED.

DO NOT SEND BLUEPRINTS, ARCHITECH OR CONSTRUCTION DRAWINGS

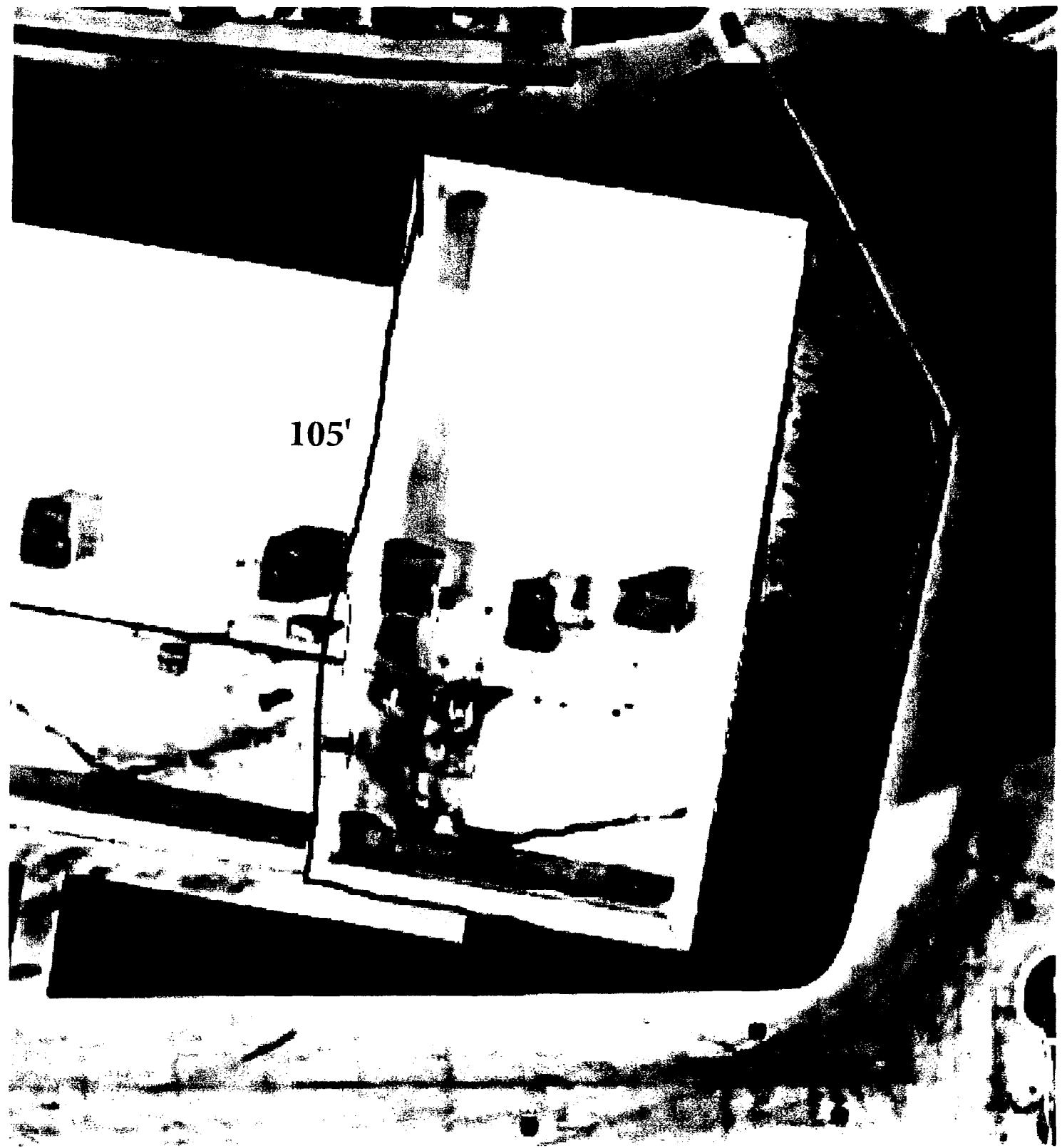
PROVIDE LENGTH X WIDTH IN FEET (NOT SQUARE FOOTAGE)

INDICATE THE DIRECTION OF NORTH AND THE NUMBER OF FLOORS OF THE BUILDING.

Building length 105' x width 70' in feetIs there a basement? Yes  No  If yes, length        x width        in feetIs there an outdoor area? Yes  No  If yes, length 46' x width 35' in feet**PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET**

See attached Diagram

105'



## APPLICANT INFORMATION

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

Has anyone who is a party to this application, or their spouse, been 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.

Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Bill Hipsher	12/11/2020	Carbon Co, WY	Speeding	Guilty - Fines Paid
Bill Hipsher	12/20/2005	Sarpy Co., NE	Disturbing the Peace	Set Aside - June, 2020

2. Was this premise licensed as liquor licensed business within the last two (2) years?

YES  NO

If yes, provide business name and license number Ozzy's Roadhouse, #122848

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

YES  NO

If yes, give name of business and liquor license number Ozzy's Roadhouse, #122848

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)

a) Submit a copy of the business purchase 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

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

YES  X  NO

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

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

YES  X  NO

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

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**No silent partners** 019.01E Silent Partners: Profit Sharing: No licensee or partner, principal, agent or employee of any Retail Liquor License shall permit any other person not licensed or included as a partner, principal, or stockholder of any Retail Liquor License to participate in the sharing of profits or liabilities arising from any Retail Liquor License. (53-1.100)

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

YES  X  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 indigent persons or for veterans, their wives, and children; or within 300 feet of a college or university campus?

YES  X  NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Nebraska Revised Statute 53-177(1) **AND PROVIDE FORM 134 – CHURCH OR FORM 135 – CAMPUS AND LETTER OF SUPPORT FROM CHURCH OR CAMPUS**)

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9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties. (Nebraska Revised Statute 53-125(15))

YES  X  NO

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

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

Pinnacle Bank, 10805 Q Street, Omaha, NE 68137 -- Bill J. Hipsher

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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.

Grand Prairie Hotel, Hutchinson, KS (closed)

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Grand Slam Sports Bar, Hutchinson, KS (closed)

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12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse: spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC. Manager and all spouses: spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares. Manager and all spouses: spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

**NLCC certified training program completed**

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Bill Hipsher	01/2022	Nebraska Alcohol Server / Seller Certification

**Experience**

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

13. If the property 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 be in the name of applicant as owner or lessee**

Lease expiration date March 2027 (86 months after execution of lease)  
 Deed  
 Purchase Agreement

14. When do you intend to open for business? March 15, 2022

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

16. What are the anticipated hours of operation? Sun. - Thurs, 11a - 11 p; Fri, 11a - 2a; Sat, 10a - 2a

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 CITY & STATE	YEAR		SPOUSE CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Bill Hipsher - Omaha, NE	2007	present			

If necessary, attach a separate sheet

**SIGNATURE PAGE –  
PLEASE READ CAREFULLY**

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).  
(YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)**



**Signature of APPLICANT**

(Do not sign until in the presence of the Notary Public)

Bill Hipsher

Printed Name of **APPLICANT**

State of Nebraska, County of Douglas

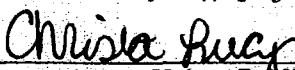
The foregoing instrument was acknowledged before me this

2/3/2022

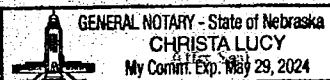
(Date)

By Bill Hipsher

Name of person(s) signing document in front of Notary



Notary Public Signature



**Signature of SPOUSE**

(Do not sign until in the presence of the Notary Public)

Printed Name of **SPOUSE**

State of Nebraska, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

(Date)

By \_\_\_\_\_

Name of person(s) signing document in front of Notary

Notary Public Signature



Affix Seal

**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)

Office Use

**RECEIVED**

FEB 15 2022

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: Troy F. Meyerson

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

Hail Varsity Club, LLC

LLC Address: 11218 John Galt Blvd, Suite 300

City: Omaha State: NE Zip Code: 68137

LLC Phone Number: 402-345-0460 LLC Fax Number:

Name of Managing/Contact Member

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

Last Name: Hipsher First Name: Bill MI: J.

Home Address: 6021 S 109th Avenue Circle City: Omaha

State: NE Zip Code: 68137 Home Phone Number: 402-830-7481

  
**Signature of Managing/Contact Member**

**ACKNOWLEDGEMENT**

State of Nebraska  
County of Douglas  
2/13/2022  
Date  
by Bill Hipsher  
name of person acknowledge

Affix Seal	GENERAL NOTARY - State of Nebraska CHRISTA LUCY My Comm. Exp. May 29, 2024
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List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Hipsher First Name: Bill MI:

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Spouse Full Name (indicate N/A if single): Dissolution of Marriage Pending

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

Percentage of member ownership 100% (of Hipsher Holding, LLC, the controlling entity)

---

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

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

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

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

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

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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: \_\_\_\_\_

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

YES       NO

If yes, provide the following:

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

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

### Is this a Non Profit Corporation?

YES

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.

**CONTROLLING CORPORATION  
INSERT**

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

Office Use

**RECEIVED**

MAR 1 2022

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**Attach copy of Articles as filed with the Nebraska Secretary of State. S53-126**

**Name and address of the controlling corporation of the applying corporation**

Controlling Corporation Name: Hurrdat Entertainment, LLC

Controlling Corporation Address: 11218 John Galt Boulevard, Suite 300

City: Omaha State: NE Zip Code: 68137

**Provide the names of the top four officer/members of the controlling corporation**

1. Full Name: Hipsher Holdings, LLC

Job Title: Owner

2. Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

3. Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

4. Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

**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)

**Office Use**

RECEIVED

MAR 1 2022

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: Troy F. Meyerson

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

## Hipsher Holdings, LLC

LLC Address: 300 Canopy Street, Suite 230

City: Lincoln State: NE Zip Code: 68508

LLC Phone Number: 402-830-7481      LLC Fax Number

**Name of Managing/Contact Member**

113 of 113 pages | Page 1 of 1 | Last modified: 2024-01-18 10:45:00 | Page generated: 2024-01-18 10:45:00

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11 of 11 | Page

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\_\_\_\_\_

www.english-test.net

**Signature of Managing/Contact Member**

## ACKNOWLEDGEMENT

**State of Nebraska** \_\_\_\_\_ **County of** \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_

by \_\_\_\_\_  
Date \_\_\_\_\_ name of person acknowledge \_\_\_\_\_

### Affix Seal

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

Last Name: Hipsher First Name: Bill MI: J.

[Redacted]

Spouse Full Name (indicate N/A if single): Dissoluion of Marriage Pending

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

Percentage of member ownership 100%

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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 \_\_\_\_\_

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

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

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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: \_\_\_\_\_

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

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

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

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

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

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

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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

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.

## APPLICATION FOR USE OF DECEPTIVELY SIMILAR NAME

Robert B. Evnen, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
[www.sos.nebraska.gov](http://www.sos.nebraska.gov)

The undersigned hereby submits the following information in support of this application:

1. That the Secretary of State rejected the applicant's request to use the following corporate name on the grounds that it did not meet the statutory standards.

Hail Varsity Club, LLC

2. Check either "a" or "b", whichever is applicable:

- Find attached certified copy of the final judgement of a court of competent jurisdiction establishing the applicant's right to use the name applied for in this State.
- Find below written consent by the other corporation or business entity to use the name applied for in this State.

### CONSENT FOR USE OF DECEPTIVELY SIMILAR NAME

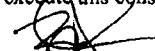
Consenting Entity: Hail Varsity, LLC

Account Number of Entity Giving Consent: 10162416 and 10163355

Gives Consent To: Hail Varsity Club, LLC

To Use the Name: Hail Varsity Club

By signing this statement, the undersigned hereby certifies that he or she has the requisite authority to execute this consent.



Signature of Consenting Entity's Representative

Bill J. Hipsher, President

Printed Name of Consenting Entity's Representative

  
Signature of Applicant

1/19/2022  
Date

Bill J. Hipsher, Manager

Printed Name and Title of Applicant

bill.hipsher@act.com  
Email Address (Optional)

FILING FEE: \$0.00

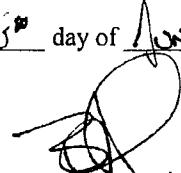
Revised 07/01/2021

**CERTIFICATE OF ORGANIZATION  
OF  
HURRDAT ENTERTAINMENT, LLC**

The undersigned, desiring to form a limited liability company (the "Company") under the Nebraska Uniform Limited Liability Company Act (the "Act") hereby states as follows:

1. Name. The name of the Company is Hurrdat Entertainment, LLC.
2. Designated Office: The designated office of the Company is 300 Canopy Street, Suite 230, Lincoln, NE 68508.
3. Registered Agent and Office. The name and address of the registered agent of the Company is Troy F. Meyerson, 500 Energy Plaza, 409 S. 17<sup>th</sup> Street, Omaha, NE 68102.

EXECUTED by the undersigned organizer on the 5<sup>th</sup> day of June, 2020.



\_\_\_\_\_  
Bill J. Hipsher, Jr., Organizer

## CONSENT FOR USE OF DECEPTIVELY SIMILAR NAME

Robert B. Evnen, Secretary of State  
P.O. Box 94608  
Lincoln, NE 68509  
(402) 471-4079  
[www.sos.ne.gov](http://www.sos.ne.gov)

Please file this consent with new business formation document or amendment to change business name where a name conflict exists for a trade name or an entity other than a business corporation.

### CONSENT FOR USE OF DECEPTIVELY SIMILAR NAME

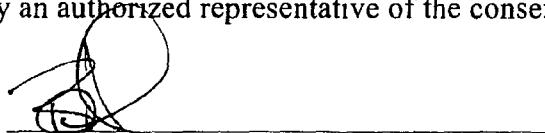
Consenting Entity: HURRDAT, LLC

Account Number of Entity Giving Consent: 10159045

Gives Consent To: HURRDAT ENTERTAINMENT, LLC

To Use the Name: HURRDAT ENTERTAINMENT, LLC

By signing and submitting this form to the Nebraska Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document. Consent form must be signed by an authorized representative of the consenting entity.



Signature

BILL J. HIPSHER, JR., MANAGER  
Printed Name

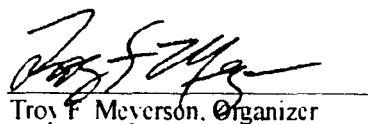
Note: For Business Corporation, submit the Application for Use of Deceptively Similar Name found at:  
[http://www.sos.ne.gov/business/corp\\_serv/corp\\_form.html](http://www.sos.ne.gov/business/corp_serv/corp_form.html).

**CERTIFICATE OF ORGANIZATION  
OF  
HIPSHER HOLDING, LLC**

The undersigned, desiring to form a limited liability company (the "Company") under the Nebraska Uniform Limited Liability Company Act (the "Act") hereby states as follows:

1. Name The name of the Company is Hipsher Holding, LLC.
2. Designated Office: The designated office of the Company is 300 Canopy Street, Suite 230, Lincoln, NE 68508
3. Registered Agent and Office: The name and address of the registered agent of the Company is Troy F. Meyerson, 500 Energy Plaza, 409 S. 17<sup>th</sup> Street, Omaha, NE 68102

EXECUTED by the undersigned organizer on the 31st day of July, 2019



Troy F. Meyerson, Organizer

**CERTIFICATE OF ORGANIZATION  
OF  
HAIL VARSITY CLUB, LLC**

The undersigned, desiring to form a limited liability company (the "Company") under the Nebraska Uniform Limited Liability Company Act (the "Act") hereby states as follows:

1. Name. The name of the Company is Hail Varsity Club, LLC.
2. Designated Office: The designated office of the Company is 300 Canopy Street, Suite 230, Lincoln, NE 68508.
3. Registered Agent and Office. The name and address of the registered agent of the Company is Troy F. Meyerson, 500 Energy Plaza, 409 S. 17<sup>th</sup> Street, Omaha, NE 68102.

EXECUTED by the undersigned organizer on the 17<sup>th</sup> day of January, 2022.

  
Bill V. Mispsher, Jr., Organizer

**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

**RECEIVED**

FEB 15 2022

NEBRASKA LIQUOR  
CONTROL COMMISSION

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

**MANAGER MUST:**

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

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

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

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

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

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

Office Use

**RECEIVED**

FEB 15 2022

NEBRASKA LIQUOR  
CONTROL COMMISSION

**MUST BE:**

- ✓ 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

Name of Corporation/LLC: Hail Varsity Club, LLC

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

Premise Trade Name/DBA: The Hail Varsity Club

Premise Street Address: 12744 Westport Pkwy, Suite 1A

City: LaVista

County: Sarpy

Zip Code: 68138

Premise Phone Number: 402-345-0460

Premise Email address: bill@hurrdat.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](#).**

**(Faxed signatures are acceptable)**

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

Last Name: Hipsher      First Name: Bill      MI: J

Home Address: 6021 S 109th Avenue Circle,

City: Omaha County: Douglas Zip Code: 68137

**Home Phone Number:** 402-830-7481

10. *Leucosia* (Leucosia) *leucostoma* (Fabricius) (Fig. 10)

**Email address:** bill@hurrdat.com

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

YES       NO      Pending

### **Spouse's information**

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

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

Driver's License Number & State:

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

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

<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>
Omaha, NE	2007	present			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER

**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, ~~been~~ 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. ~~any traffic violations~~. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

YES       NO

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

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Bill Hipsher	12/11/2020	Carbon Co., WY	Speeding	Guilty - Fines Paid
Bill Hipsher	12/20/2005	Sarpy Co., NE	Disturbing the Peace	Set Aside - June 2020

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):**

Grand Prairie Hote, Hutchinson, KS; Grand Slam Sports Bar, Hutchinson, KS

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: 01/2022 Name on Certificate: Bill Hipsher

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Bill Hipsher	01/2022	Nebraska Alcohol Server/Seller Certification

\*For list of NLCC Certified Training Programs see training

Experience:

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

5. Have you enclosed form 147 regarding fingerprints?

YES       NO

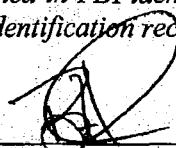
The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application that said application has been read and that the contents thereof and all statements contained therein are true. 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 Douglas

The foregoing instrument was acknowledged before me this

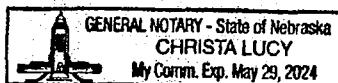
February 3, 2022  
date

by Bill J. Hipsher

NAME OF PERSON BEING ACKNOWLEDGED

Christa Lucy  
Notary Public signature

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.

[Back to Lookup / Registrant Detail](#)

## Bill J Hipsher Jr

Political Party      Precinct  
**Nonpartisan**      **05-09**

Election Details

05/10/2022 2022 NE Primary Election



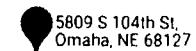
We did not find an absentee or provisional ballot associated with the selected election. This website does not track the status of a traditional ballot voted at the polls. If you voted a traditional ballot at the polls, your ballot has been accepted and counted.

### Polling Location

**Hitchcock Elementary School**

📍 5809 South 104th Street Omaha, NE 68127

[View larger map](#)



5809 S 104th St,  
Omaha, NE 68127

Google  
APPLEWOOD RMap data ©2022

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# Certificate of Completion

This is to certify that

## Billy Hipsher

has successfully completed the following  
**HOSPITALITYexam.com course and examination**

**Course Name:** Nebraska Alcohol Server/Seller Certification

Edward D McLean, Administrator  
[www.HOSPITALITYexam.com](http://www.HOSPITALITYexam.com)

Date: 01/05/2022  
Expiration: 36 Months  
Certificate #: 89706  
Birth Date: 03/24/1976

**PRIVACY ACT STATEMENT/  
SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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

RECEIVED

FEB 15 2022  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED:**

**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE**
- 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](http://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  
4600 Innovation Drive  
Lincoln, NE 68521

- Fingerprints taken at NSP LIVESCAN 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 may be released to the applicants;  
*Fingerprint cards should be submitted with the application.*

***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 the 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.

\*\*\*\*Please Submit this form with your completed application to the Liquor Control Commission\*\*\*\*  
Trade Name The Hail Varsity Club

Name of Person Being Fingerprinted: Bill J. Hipsher

Date fingerprints were taken: 1/5/2022

Location where fingerprints were taken: Nebraska

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

  
SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED

Business Plan

Hail Varsity Club, LLC d/b/a The Hail Varsity Club intends to operate as a full service bar and restaurant with the sale of alcohol for on-premises consumption.

## **LEASE AGREEMENT**

THIS LEASE AGREEMENT (this "Lease") dated as of the Effective Date by and between Southport West Partners LLC, a Nebraska limited liability company ("Landlord") and The Hail Varsity Club, LLC, a Nebraska limited liability company, doing business as The Hail Varsity Club ("Tenant"). The "Effective Date" of this Lease shall be the date this Lease is fully executed by the last of Landlord and Tenant.

### **ARTICLE I** **INTRODUCTORY PROVISIONS**

Section 1.1. **LANDLORD:** Southport West Partners, LLC

Section 1.2. **LANDLORD'S ADDRESS FOR NOTICES AND RENT PAYMENTS:**

Southport West Partners, LLC  
c/o CBRE, Inc.  
11213 Davenport Street, Suite 300  
Omaha, Nebraska 68154  
Attn: Dean Hokanson

Section 1.3. **TENANT:** The Hail Varsity Club, LLC, a Nebraska limited liability company

Section 1.4. **TENANT'S ADDRESS:**

The Hail Varsity Club, LLC  
12744 Westport Parkway  
LaVista, NE 68138

Section 1.5. **TENANT'S TRADE NAME:** The Hail Varsity Club

Section 1.6. **PREMISES:** Suites 1A, 1B and 1C in that certain building located as 12744 Westport Parkway, La Vista, Nebraska 68138, containing approximately 6,766 square feet of GLA (as hereinafter defined), shown cross-hatched on the site plan attached hereto as Exhibit A (the "Site Plan").

Section 1.7. **SHOPPING CENTER:** The Shopping Center shall mean only the Shoppes at Southport West, legally described as Lot 3, Southport West, Replat 5, Sarpy County, Nebraska.

Section 1.8. **TERM:** Eighty-six (86) months commencing on the Lease Commencement Date.