

**LARAMIE COUNTY CLERK
BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM PROCES**

1. DATE OF PROPOSED ACTION: July 5, 2005

2. AGENDA ITEM: ☐ Appointments ☐ Bids/Purchases ☐ Claims
☐ Contracts/agreements/leases ☐ Grants ☐ Land Use: Variances/Board App/Plats
☐ Proclamations ☐ Public Hearings/Rules & Regs ☐ Reports & Public Petitions
☐ Resolutions ☐ Other Licenses/Permits

3. DEPARTMENT: County Clerk

APPLICANT: _____ **AGENT:** Debbie Lathrop

4. DESCRIPTION: PUBLIC HEARING regarding an application for a retail liquor license submitted by Keith C. Eldred d/b/a Horse Creek Liquors.

Amount \$ _____ From _____ to _____

5. DOCUMENTATION: _____ Originals and (4) four copies

<u>Commissioner</u>	<u>Clerks Use Only:</u>	<u>Signatures</u>
Humphrey _____		Co Attny _____
Knudson _____		Assist Co Attny _____
Ketcham _____		Grants Manager _____
Action _____		Outside Agency _____
Postponed/Tabled _____		

Department of Revenue
State of Wyoming



Liquor Division
1520 E 5th Street, Cheyenne, Wyoming 82002-0110

Agent: (307) 777-6453
Licensing: (307) 777-7233
Fax: (307) 777-6255
Website: <http://revenue.state.wy.us>

June 20, 2005

LARAMIE COUNTY CLERK
PO BOX 608
CHEYENNE

WY 82003

Re: HORSE CREEK LIQUORS

Owner: KEITH C ELDRED

We are in receipt of the liquor license and/or permit application for the above applicant and find the following discrepancies:

____ City/Town or County Clerk information not complete or improperly filled in. (Upper left corner of form)

X Dispensing room(s) improperly described. (See Comments Below)
____ (12-4-102(a)(i), (12-5-201) or (12-4-410(b) for Restaurant License)

X One or more questions not answered or incomplete. (See Comments Below)

____ Signature page is not notarized or authorized. (12-4-102(a))

____ Lease Agreement must be valid THROUGH the TERM of the license. (12-4-103(a)(iii))

____ Lease Agreement must contain a specific provision from the Lessor to allow the sale of alcoholic and/or malt beverages on the leased premises. (12-4-103(a)(iii))


____ If the building is not in existence, an architect's drawing or suitable plans of the room and premises to be licensed must be attached. (12-4-102(a)(i))

____ Statement indicating the stability and financial condition of a new applicant. (Financial Balance Sheet)
____ (12-4-102(a)(vi))

____ Restaurant Liquor License applicants must attach a copy of their current valid food service permit. (12-4-407(a))

Comments: Premis address left blank, Q-1(a) Need description of licensed room (ie: a 30' X 40' room in SE corner of bldg.) Note: could determine dimensions from drawing.

Note: No Licensing Authority shall Approve or Deny the application until the Liquor Division has certified the application complete. (12-4-104(d)) Your prompt attention in this matter is greatly appreciated.

Sincerely, 	Agent: Tom Montoya (307) 777-6453
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Please make corrections on the application for further reference and return this memo along with the information. Only copies of the corrected pages need to be returned.

Cell #
631-67570

MISCELLANEOUS RECEIPT
LARAMIE COUNTY TREASURER - Cheyenne, WY.

Misc Receipt Nbr: 62325 Batch Number: 176 Date: 6/02/2005

Received from/Description
KEITH ELDRED LIQUOR LICENSE CK#1748 ADV 100.00/LIC 850.00

Entered by: RW Amt: 950.00

Check Amt: 950.00 Cash In/Out Amt: .00

Keith Eldred.

631-6756. Interested in a Retail
Liquor License

Wanted to know if he had a retail in the
County & that portion was annexed, would he
lose the license? Tim @ Lig Division said no, it would
remain in the City

PUBLIC NOTICE

Notice is hereby given that on the 2nd of June, 2005, application for a new retail liquor license for the following described place and premise to wit: NW 1/4 of the NW 1/4 of Section 6, T. 14N., R. 67W. 6th P.M. was filed in the Office of the Clerk of Laramie County by Keith C. Eldred d/b/a/ Horse Creek Liquors. Protests, if any, against the issuance of the above license will be heard at the hour of 3:30 p.m. on the 5th day of July, 2005 at 310 W. 19th Street, 3rd Floor, Historic Courthouse.
Debra K. Lathrop
Laramie County Clerk
This information is available in alternative forms. If reasonable accommodations are required, contact Laramie County Human Resources, 310 W. 19th Street, Cheyenne, WY 82001, (307) 633-4355 within a reasonable time.
June 8, 15, 22, 29, 2005

PUBLIC NOTICE

Notice is hereby given that on the 2nd of June, 2005, application for a new retail liquor license for the following described place and premise to wit: NW 1/4 of the NW 1/4 of Section 6, T. 14N., R. 67W. 6th P.M. was filed in the Office of the Clerk of Laramie County by Keith C. Eldred d/b/a/ Horse Creek Liquors. Protests, if any, against the issuance of the above license will be heard at the hour of 3:30 p.m. on the 5th day of July, 2005 at 310 W. 19th Street, 3rd Floor, Historic Courthouse.
Debra K. Lathrop
Laramie County Clerk
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June 8, 15, 22, 29, 2005

FOR NEW LICENSES AND/OR PERMITS
LICENSE AND/OR PERMIT APPLICATION
FOR LIQUOR, COUNTY MALT BEVERAGE, LIMITED, WINERY OR MICROBREWERY

To be completed by the City, Town or County Clerk:

Date Filed: 06/02/05

	Annual Fee	Prorated Fee
Basic Fee:	\$ <u>850.00</u>	\$ _____
Add'l Dispensing Room	\$ <u>-0-</u>	\$ _____
Fee:		
Transfer Fee:	\$ <u>-0-</u>	\$ _____
Total License Fee	\$ <u>850.00</u>	\$ _____
Collected		
Publishing Fee Collect:	\$ <u>100.00</u>	

Required Attachments Received: Yes ☒

Advertising Dates(4): June 8, 15, 22, 29

Hearing Date: 07/05/05

Local Licensing Number: _____

LICENSING AUTHORITY: Begin publishing promptly. As W.S. 12-4-104(d) specifies: **NO LICENSING AUTHORITY SHALL APPROVE OR DENY THE APPLICATION UNTIL THE LIQUOR DIVISION HAS CERTIFIED THE APPLICATION IS COMPLETE.**

A copy must be immediately forwarded to:
State of Wyoming Liquor Division
1520 E 5th Street
Cheyenne WY 82002-0110

Formerly Held by: _____

Applicant: Keith C. Eldred

Trade Name (dba): Horse Creek Liquors

Premise: To be determined when
Number & Street

Bldg permit is complete
City State Zip County

Mailing Address: 2029 Bluegrass Circle
Number & Street or P.O. Box

Cheyenne WY 82009
City State Zip

Business Telephone Number: (307) 638-2020

Fax Number: (307) 634-0939

E-Mail Address: keithe@lonetree.com

For the license term: _____

Through: 6 30 06
Month Day Year

FILING FOR

- ☒ NEW
☐ TRANSFER LOCATION
☐ TRANSFER OWNERSHIP

FILING IN (CHOOSE ONLY ONE)

☐ CITY OF _____

☒ COUNTY OF Laramie

FILING AS (CHOOSE ONLY ONE)

- ☒ INDIVIDUAL ☐ LLC
☐ PARTNERSHIP ☐ LLP
☐ CORPORATION
☐ LTD PARTNERSHIP
☐ ASSOCIATION
☐ ORGANIZATION

TYPE OF LICENSE OR PERMIT

(CHOOSE ONLY ONE)

- ☒ RETAIL LIQUOR LICENSE
☐ on-premise only
☐ off-premise only
☒ combination on/off premise
☐ RESTAURANT LIQUOR LICENSE
☐ RESORT LIQUOR LICENSE
☐ COUNTY RETAIL or SPECIAL MALT
☐ BEVERAGE PERMIT
☐ VETERANS CLUB
☐ FRATERNAL CLUB
☐ GOLF CLUB
☐ SOCIAL CLUB
☐ MICROBREWERY
☐ WINERY

☐ LOCATED WITHIN 5 MILES OF
CITY (County License only)

To Assist the Liquor Division with
scheduling inspections:

DO YOU OPERATE?

☐ FULL TIME (e.g. Jan through Dec)

☐ SEASONAL/PART-TIME

(specify months of operation)

from _____ to _____

DAYS OF WEEK (e.g. Mon through Sat)

HOURS OF OPERATION (e.g. 10a - 2a)

1. Location of License:

(a) Give a description of the dispensing room and state where it is located in the building (e.g. 10x12 room in SE corner of 1st floor of building). If the building is not in existence, provide the location and an architect's drawing or suitable plans of the room and premises to be licensed. If Winery or Microbrewery, also list manufacturing facility. W.S. 12-4-102(a)(i):

See attached architects drawing. 17' x 40' Room located in North 1/2 of the building

(b) Do you have an additional dispensing room? ☐ YES ☒ NO If yes, provide description and location: See

(c) Provide the legal description and the zoning of the site where the applicant will conduct business:

NW quarter of NW quarter of Section 6 T 14N, R 67W

2. Do you W.S. 12-4-103 (a) (iii):

(1) OWN the building in which sales room is located?

☒ YES (own)

(2) LEASE the building in which sales room is located?

☐ YES (lease)

(A) DATE lease expires _____ located on page _____ paragraph _____ of lease document.

(B) Provision for SALE of alcoholic or malt beverages located on page _____ paragraph _____ of lease document.

NOTE: Attach a true copy of the lease to application. Lease MUST contain provision for SALE OF ALCOHOLIC or MALT BEVERAGES and be valid THROUGH the TERM OF THE LICENSE W.S. 12-4-103(a)(iii).

3. Have you already assigned, leased, transferred or do you intend to assign, lease, transfer, contract or in any other manner agree with any person or firm other than yourself as licensee to operate and assert control or partial control of the license and the licensed room to carry on the licensed liquor business? ☐ YES ☒ NO

Does any manufacturer, distributor, or firm: W.S. 12-5-401, 12-5-402, 12-5-403
(a) Hold any interest in the license applied for? ☐ YES ☒ NO
(b) Furnish by way of loan or any other money or financial assistance for purposes hereof in your business? ☐ YES ☒ NO
(c) Furnish, give, rent or loan any equipment, fixtures, interior decorations, or signs other than standard brewery or manufacturer's signs? ☐ YES ☒ NO
(d) If you answered YES to any of the above, explain fully and submit any documents in connection therewith:

Does applicant have any interest or intent to acquire an interest in any other retail liquor license to be issued by this licensing authority? W.S. 12-4-103(b) ☐ YES ☒ NO
If "YES", explain: _____

Is applicant a mayor, member of a city or town council, or member of the board of county commissioners within the jurisdiction of this licensing authority? W.S. 12-4-103(a)(i) ☐ YES ☒ NO
Is applicant employed by the State, City or Town, or County as a law enforcement officer, or hold office as a law enforcement officer through election? W.S. 12-4-103(a)(ii) ☐ YES ☒ NO

RESTAURANT LICENSE: Complete questions 8(a) through 8(c):
3. (a) Have you submitted a valid food service permit upon application? W.S. 12-4-407(a) ☐ YES ☐ NO
(1) Have you held a Limited Retail Liquor License issued prior to May 25, 1979 and are you hereby requesting conversion to a Restaurant Liquor License? W.S. 12-4-407(d) ☐ YES ☐ NO
(2) If "YES", indicate:
(a) Name of Limited Retail License holder: _____
(b) Issuing date of Limited Retail License: _____
(c) Was your dispensing room for alcoholic and/or malt beverages in existence and open for consumption purposes prior to February 1, 1979? W.S. 12-4-410(b) ☐ YES ☐ NO ☐ N/A

RESORT LICENSE: Complete questions 9(a) through 9(c):
9. (a) Is the actual valuation of the resort complex at least one million dollars, or have you committed or expended at least one million dollars (\$1,000,000.00) on the complex, excluding the value of the land? W.S. 12-4-401(b)(i) ☐ YES ☐ NO
(b) Does the resort complex include a restaurant and a convention facility which will seat at least one hundred (100) persons? W.S. 12-4-401(b)(ii) ☐ YES ☐ NO
(c) Does the resort complex include motel or hotel accommodations with at least one hundred (100) sleeping rooms? W.S. 12-4-401(b)(iii) ☐ YES ☐ NO

MICROBREWERY AND/OR WINERY LICENSE: Complete questions 10 through 11:
10. Is premise to be co-existent with a retail, restaurant, or resort liquor license? W.S. 12-4-412(b)(iii) ☐ YES ☐ NO
If "YES", please specify type: ☒ Microbrewery ☒ Winery ☒ Retail ☒ Restaurant ☒ Resort
11. (a) Do you self distribute your products? ☐ YES ☐ NO
(b) Do you distribute your products through an existing malt beverage wholesaler? ☐ YES ☐ NO

ORGANIZATION AND/OR CLUB LICENSE: Complete questions 12 through 15 as applicable:
12. **FRATERNAL CLUBS** W.S. 12-1-101(a)(iii)(B)

(a) The name and address of the grand lodge or national organization is: _____
(b) Does lodge or fraternal organization hold a charter from a national organization or national grand lodge? ☐ YES ☐ NO
(c) Has the fraternal organization been actively operating in at least thirty-six (36) states? ☐ YES ☐ NO
(d) Has the fraternal organization been actively in existence for at least twenty (20) years? ☐ YES ☐ NO

13. **VETERANS CLUBS** W.S. 12-1-101(a)(iii)(A):

(a) The name and address of the National Veterans organization is: _____
(b) Has the Veterans organization been chartered by the Congress of the United States for patriotic, fraternal or benevolent purposes? ☐ YES ☐ NO
(c) Is the membership of the Veteran's organization comprised only of Veterans and its duly organized auxiliary? ☐ YES ☐ NO

14. SOCIAL CLUBS W.S. 12-1-101(a)(iii)(E):

- (a) Do you have more than one hundred (100) bona fide members who are residents of the county in which the club is located?

☐ YES ☐ NO
- (b) Is the club incorporated and operating solely as a nonprofit organization under the laws of this state?

☐ YES ☐ NO
- (c) Is the club qualified as a tax exempt organization under the Internal Revenue Service?

☐ YES ☐ NO
- (d) Has the club been in continuous operation for a period of not less than one (1) year?

☐ YES ☐ NO
- (e) Has the club received twenty-five dollars (\$25.00) from each bona fide member as recorded by the secretary of the club and are club members at the time of this application in good standing by having paid at least one (1) full year in dues?

☐ YES ☐ NO
- (f) Does the club hold quarterly meetings and have an actively engaged membership carrying out the objectives of the club?

☐ YES ☐ NO
- (g) Have you filed a true copy of your bylaws with the local licensing authority and the Wyoming Liquor Division?

☐ YES ☐ NO
- (h) Has at least fifty one percent (51%) of the membership signed a petition indicating a desire to secure a Limited Retail Liquor License (THE PETITION MUST BE ATTACHED TO APPLICATION) ?

☐ YES ☐ NO
- (i) Have you filed with the licensing authority and the Wyoming Liquor Division a detailed statement of your activities during the preceding year which were undertaken or furthered in pursuit of the objectives of the club, along with an itemized statement expended for such activities?

☐ YES ☐ NO

15. GOLF CLUBS W.S. 12-1-101(a)(iii)(D):

- (a) Do you have more than fifty (50) bona fide members?

☐ YES ☐ NO
- (b) Do you own, maintain, or operate a bona fide golf course together with clubhouse?

☐ YES ☐ NO

16. (a) If applicant is an Individual or Partnership: State the date of birth and residence of each applicant or partner, if the application if made by more than one individual or by a partnership: W.S. 12-4-102(a)(ii)

True and Correct Name	Date of Birth	DONOT LIST PO BOXES		Residence Phone Number	Have you been a DOMICILED resident for at least 1 year and not claimed residence in any other state In the last year?	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
		Residence Address No. & Street City, State & Zip					
Keith C. Eldred	2/28/1945	2619 Foothills Cheyenne, WY 82009		307-635-2037	YES <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
					NO <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>
					YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
					NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
					YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
					NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>
					YES <input type="checkbox"/>	YES <input type="checkbox"/>	YES <input type="checkbox"/>
					NO <input type="checkbox"/>	NO <input type="checkbox"/>	NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application.)

(b) If the applicant is a Corporation: State the name, date of birth and residence of each officer, director and stockholder holding, either jointly or severally, ten percent (10%) or more of the outstanding and issued capital stock of the corporation; If the applicant is a Limited Liability Company W.S. 12-4-102(a)(v); state name, age and residence of each officer, manager and member holding, either jointly or severally, ten percent (10%) or more of the outstanding ownership of the limited liability company: W.S. 12-4-102(a)(iv)

True and Correct Name	Date of Birth	DONOT LIST PO BOXES		Residence Phone Number	No. of Years In Corp or LLC	% of Stock Held	Have you been Convicted of a Felony Violation?	Have you been Convicted of a Violation Relating to Alcoholic Liquor or Malt Beverages?
		Residence Address No. & Street City, State & Zip						
							YES <input type="checkbox"/>	YES <input type="checkbox"/>
							NO <input type="checkbox"/>	NO <input type="checkbox"/>
							YES <input type="checkbox"/>	YES <input type="checkbox"/>
							NO <input type="checkbox"/>	NO <input type="checkbox"/>
							YES <input type="checkbox"/>	YES <input type="checkbox"/>
							NO <input type="checkbox"/>	NO <input type="checkbox"/>
							YES <input type="checkbox"/>	YES <input type="checkbox"/>
							NO <input type="checkbox"/>	NO <input type="checkbox"/>

(If more information is required, list on a separate piece of paper and attach to this application.)

OATH OR VERIFICATION
(Requires signatures by ALL Individuals, ALL Partners, TWO (2) LLC Members, or TWO (2) Corporate Officers/Directors, or TWO (2) Club Officers.) W.S. 12-4-102(b)

Under penalty of perjury, and the possible revocation or cancellation of the license, I swear the above stated facts, are true and accurate.

STATE OF WYOMING)
SS:

COUNTY OF Laramie

Before Me, Valerie G. Roybal, (specify) a Notary Public, Officer authorized

to administer oaths in and for Laramie County, State of Wyoming, personally appeared

Keith C. Eldred name he/she being first duly sworn by me upon his oath, says that the

facts alleged in the foregoing instrument are true.
(Seal)

My Commission expires: DEPUTY COUNTY CLERK
MY TERM EXPIRES JAN. 1, 2007

Witness my hand and official seal:
Valerie G. Roybal
(Notary Public or other officer authorized to administer oaths)

Title Administrative Secretary Dated: 10-2-05

REQUIRED ATTACHMENTS:

- (1) Attach any lease agreements W.S. 12-4-103(a)(iii).
- (2) If building is not in existence, an architect's drawing or suitable plans of the room and premises to be licensed must be attached W.S. 12-4-102(a)(i).
- (3) A statement indicating the financial condition and financial stability of new applicant W.S. 12-4-102(a)(v).
- (4) Restaurant Liquor License Applications must attach a copy of their CURRENT and valid food service permit W.S. 12-4-407(a).
- (5) Check or bank draft as payment for the application and for publishing the notice of application. W.S. 12-4-104(a). Direct billing is permissible.
- (6) If transfer, a form of assignment from current licensee, allowing transfer W.S. 12-4-601(b).

NOTE: Federal law requires you to pay a SPECIAL OCCUPATIONAL TAX (federal tax stamp) before you begin business and before July 1 each year thereafter. If you have not paid this tax, contact:

BUREAU OF ATF
JOHN WELD PECK FEDERAL BLDG RM 6525
550 MAIN ST
CINCINNATI OH 45202-3263
1-800-937-8864

ADVERTISING REQUIREMENTS W.S. 12-4-104(a):

When an application for a license, permit, renewal or any transfer of location or ownership thereof has been filed with a licensing authority, the clerk shall promptly prepare a notice of application, place the notice conspicuously upon the premises shown by the application as the proposed place of sale and public the notice in a newspaper of local circulation once a week for four (4) consecutive weeks. The notice shall state that a named applicant has applied for a license, permit, renewal or transfer thereof, and that protests against the issuance, renewal, or transfer of the license or permit will be heard at a designated meeting of the licensing authority.

HEARING REQUIREMENTS W.S. 12-4-104(b):

Any license or permit authorized under this title shall not be issued, renewed or transferred until on or after the date set in the notice for hearing protests. If a renewal hearing, the hearing shall be held no later than thirty (30) days preceding the expiration date of the license or permit. A license or permit shall not be issued, renewed or transferred if the licensing authority finds from evidence presented at the hearing:

- (i) The welfare of the people residing in the vicinity of the proposed license or permit premises shall be adversely and seriously affected;
- (ii) The purpose of this title shall not be carried out by the issuance, renewal or transfer of the license or permit;
- (iii) The number, type and location of existing licenses or permits meets the needs of the vicinity under consideration;
- (iv) The desires of the residents of the county, city or town will no be met or satisfied by the issuance, renewal or transfer of the license or permit; or
- (v) Any other reasonable restrictions or standards which may be imposed by the licensing authority shall not be carried out by the issuance, renewal or transfer of the license or permit.

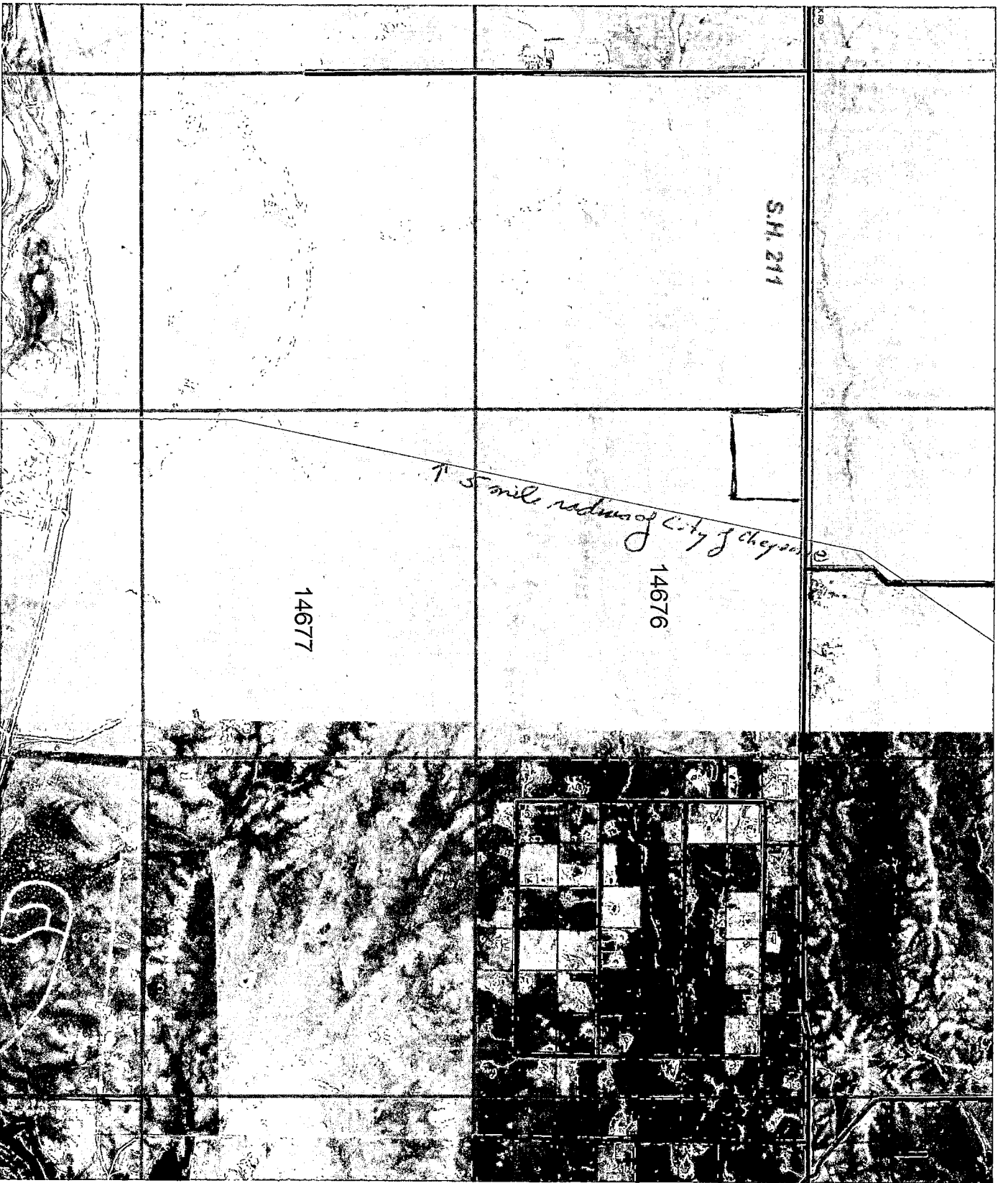
FOR LIQUOR DIVISION USE ONLY		
Reviewer	Initials	Date
Clerk:		
Agent:		
Acct.:		



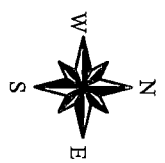
Floor Plan
 1/8" = 1'-0"
 Gross Area: 2000 sq. ft.



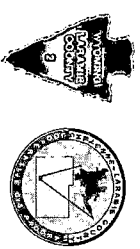
Floor Plan
 1/8" = 1'-0"
 Gross Area: 2000 sq. ft.



- Text Street names - Rural Annex**
- ALBIN
 - BURNS
 - CHEYENNE
 - FEW/AFB
 - PINE BLUFFS
 - Street centerline
 - Subdivision lines



1.26279



300 Feet

Plot Date: May 27, 2005
Laramie County Planning



BANK CHEYENNE

BANK **WESTERN** BANK

1525 EAST PERSHING BLVD, CHEYENNE WY 82001
307-637-7333 307-632-0773 FAX

PERSONAL FINANCIAL
STATEMENT AS OF

For the purpose of procuring and maintaining credit from time to time in any form whatsoever with Western Bank of Cheyenne, the undersigned submits the following as being a true and accurate statement of its financial condition, and agree that if any change occurs that materially reduces the means or ability of the undersigned to pay all claims or demands against it, the undersigned will immediately and without delay notify the said Bank, and unless the Bank is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned. In consideration of the granting of such credit the undersigned and each of them hereby give you a continuing lien upon the balance of any deposit account of the undersigned or any of either of them existing with you from time to time, and upon any other personal property of the undersigned or any of either undersigned and each of them, either as borrower or guarantor, held by you, both matured and unmatured, may at any time be charged against the balance of any deposit account of the undersigned or any or either of them with you, without notice to the undersigned.

APPLICANT

Name Keith C. Eldred Social Security Number 477-48-6620
Address 2619 Foothills Road City Cheyenne State WY Zip Code 82009
Home Phone (307) 635-2037 Work Phone (307) 638-2020 Date of Birth 2/28/1945
Present Employer Advanced Eye Clinic Position President How Long? 30 yrs

CO-APPLICANT

Name _____ Social Security Number _____
Address _____ City _____ State _____ Zip Code _____
Home Phone (____) _____ Work Phone (____) _____ Date of Birth _____
Present Employer _____ Position _____ How Long? _____

ASSETS		AMOUNT	LIABILITIES		AMOUNT
Cash in Western Bank: Checking		82,000			
Savings			Total Loans Payable (sched 6)		62,000
Certificates of Deposit					
IRA			Accounts Payable (detail)		
Cash in other Banks					
Notes and Accounts Receivable (sched 1)					
Contracts for Deed Owned (sched 2)			Income Taxes Payable		
Securities, Stocks, & Bonds Owned (sched 3)			Other Taxes Payable		
Cash Value of Life Insurance (sched 4)		75,000			
Reals Estate Owned (sched 5)		1,500,000			
Automobiles (year, make & model)					
			Loans on Life Insurance (sched 4)		25,000
			Contracts for Deed (sched 2)		
Personal Property		15,000	Mortgages on Real Estate Owned (sched 5)		750,000
			Other Liabilities (detail)		
Other Assets (detail)					
			TOTAL LIABILITIES		
TOTAL ASSETS		1,972,000	NET WORTH (Total Assets less Total Liabilities)		835,000
ANNUAL INCOME			CONTINGENT LIABILITIES		
Salary					
Salary Co-Applicant			As Guarantor (describe)		
Interest					
Dividends					
Rentals		100,000	As Co-Signer (describe)		
Other (describe)					
			Other (describe)		
Total Income		100,000			

SCHEDULE 1 NOTES AND ACCOUNTS RECEIVABLE

Name of Debtor	Collateral	How Payable	Maturity Date	Unpaid Balance
		\$ per		
		\$ per		
		\$ per		
		\$ per		
Total (transfer to page 1)				

SCHEDULE 2 CONTRACTS FOR DEED OWNED

Address and Type of Property	Mortgage Payable To/From	How Payable	Interest Rate	Monthly Income	Present Market Value	Unpaid Balance
		\$ per	%			
		\$ per	%			
		\$ per	%			
		\$ per	%			
		\$ per	%			
		\$ per	%			
		\$ per	%			
Total (transfer to page 1)						

SCHEDULE 3 SECURITIES, STOCKS, AND BONDS OWNED

Number of Shares or Per Value of Bond	Issuing Company	Market Value this Date	If Pledged To Whom
Total (transfer to page 1)			

SCHEDULE 4 LIFE INSURANCE

Issuing Company	Beneficiary	Face Amount	Cash Value	Loans Against Policies
Total (transfer to page 1)				

SCHEDULE 5 REAL ESTATE OWNED

Address and Type of Property	Mortgage Payable To/From	How Payable	Interest Rate	Monthly Income	Present Market Value	Unpaid Balance
3029 Bluegrass Circle	Western Bank	\$ per	%			
Business building	375,000	\$ per	5 %	8,800	1,313,000	375,000
		\$ per	%			
House		\$ per	%			
2619 Footbills Rd	Western Bank 2?	\$ per	%		450,000	375,000
		\$ per	%			
Monaco Motor Home	63,000	\$ per	6 %		95,000	63,000
Total (transfer to page 1)						

SCHEDULE 6 LOANS PAYABLE TO BANKS & OTHERS, INCLUDING CREDIT CARDS AND DEPARTMENT STORES

To Whom Payable	Address	Type of Collateral or Unsecured	How Payable	Interest Rate	Unpaid Balance
Credit Card		Unsecured	\$ per month	10 %	7,000.00
			\$ per	%	
			\$ per	%	
			\$ per	%	
			\$ per	%	
			\$ per	%	
			\$ per	%	
Total (transfer to page 1)					

GENERAL INFORMATION

(If necessary, use separate sheet to fully explain)

Do you do business with any other bank? No If so, state nature _____
Have you ever taken bankruptcy? No If so, where and when _____
Have you any judgements or suits filed against you? No If so give details _____
Have you made a will? yes Who is your executor? Jon David _____
Have your income tax returns ever been questioned by the Internal Revenue Service? yes _____
If so, most recent year 1980? _____
Are taxes on Real Estate and other property paid to date? yes _____
What assets in this statement are in joint tenancy? _____

Name of other party _____
The foregoing statement, submitted for the purpose of obtaining or extending credit, is true and correct in every detail and fairly shows my/our financial condition at the time indicated. I/we will give you prompt written notice of any subsequent substantial change in such financial condition occurring before discharge of my/our obligations to you. I/we understand that you will retain this personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my/our credit and employment history or any other information contained herein.
THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

6/2/05
Date
[Signature]
My signature

Date

Co-applicant signature (if you are requesting the financial accommodation jointly)