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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 Z LIQUOR LICENSE APPLICATION FOR CUT SPIKE DISTILLERY LLC DBA CUT SPIKE DISTILLERY IN LA VISTA, NEBRASKA.

WHEREAS, Cut Spike Distillery LLC dba Cut Spike Distillery, 11941 Centennial Road, Suite 1, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class Z 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 Z Liquor License application submitted by Cut Spike Distillery LLC dba Cut Spike Distillery, 11941 Centennial Road, Suite 1, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 1ST DAY OF APRIL, 2014.

CITY OF LA VISTA

\_\_\_\_\_  
Douglas Kindig, Mayor

ATTEST:

\_\_\_\_\_  
Pamela A. Bueth, CMC  
City Clerk

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**LA VISTA POLICE DEPARTMENT INTEROFFICE MEMORANDUM**

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**TO:** PAM BUETHE, CITY CLERK  
**FROM:** BOB LAUSTEN, POLICE CHIEF  
**SUBJECT:** LOCAL BACKGROUND- MICRODISTILLERY LICENSE/MANAGER CUT-SPIKE DISTILLERY  
**DATE:** 3/25/2014  
**CC:**

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The police department conducted a check of computerized records on the applicant, Jason Payne for criminal conduct in Nebraska and Sarpy County in reference to the Liquor License application. The applicant has no entries.

# RECOMMENDATION OF THE NEBRASKA LIQUOR CONTROL COMMISSION

Date delivered from NLCC office:

March 21, 2014

JBM

I, \_\_\_\_\_ Clerk of \_\_\_\_\_  
(City, Village or County)

Nebraska, hereby report to the Nebraska Liquor Control Commission in accordance with Revised Statutes of Nebraska, Chapter 53, Section 134 (7) the recommendation of said city, village or county, as the case may be relative to the application for a license under the provisions of the Nebraska Liquor Control Act as applied for by:

**Cut Spike Distillery LLC DBA Cut Spike Distillery**

**11941 Centennial Road, Suite 1, La Vista, NE 68128 (Sarpy County)**

**NEW APPLICATION for Class Z 106685**

**45 days – May 5, 2014**

1. Notice of local hearing was published in a legal newspaper in or of general circulation in city, village or county, one time not less than 7 nor more than 14 days before time of hearing.

**Check one:** Yes \_\_\_\_\_ No \_\_\_\_\_

The Statutes require that such hearing shall be held not more than 45 days after the date of receipt of this notice from the Commission.

2. Local hearing was held not more that 45 days after receipt of notice from the Nebraska Liquor Control Commission.

**Check one:** Yes \_\_\_\_\_ No \_\_\_\_\_

3. Date of hearing of Governing Body: \_\_\_\_\_

4. Type or write the Motion as voted upon by the Governing Body. If additional Motions are made by the Governing Body, then use an additional page and follow same format.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Motion was made by: \_\_\_\_\_ Seconded by: \_\_\_\_\_

6. Roll Call Vote: \_\_\_\_\_

\_\_\_\_\_

7. **Check one:** Motion Passed: \_\_\_\_\_ Motion Failed: \_\_\_\_\_

8. If the motion is for recommendation of denial of the applicant, then list the reasons of the governing body upon which the motion was made.

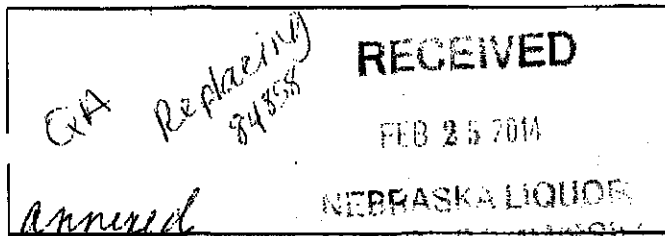
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attached additional page(s) if necessary)

**SIGN HERE** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(Clerks Signature)

**APPLICATION FOR LIQUOR LICENSE  
MICRODISTILLERY  
CHECKLIST**

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



Applicant Name Cut Spike Distillery, LLC

E-Mail Address: jason@cutspike.com

Web Site Address: www.cutspike.com

2 106685

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 state.

3-25-14 crim hist sent  
to Mary Messman

**REQUIRED ATTACHMENTS**

Microdistillery means a distillery located in Nebraska that is licensed to distill liquor on the premises of the distillery licensee and produces ten thousand or fewer gallons of liquor annually.

N/A

- 1) Application fee \$400 plus licensee fee \$250 *to be paid*  
Total \$650 (Check made payable to Nebraska Liquor Control Commission)

X

- 2) Copy of Federal Basic Permit issued by Alcohol and Tobacco Tax and Trade Bureau (TTB)

X

- 3) Alcoholic Liquor Tax Bond, \$1,000 minimum including the Power of Attorney documentation  
(May use form 115)

3-21-14 local report sheet *only* sent to locals  
3-25-14 copy of complete application sent to  
city of La Vista (Pamela)

X

- 4) Submit diagram to include:  
a. Facility dimensions and description  
b. Identify production area  
c. Any storage area

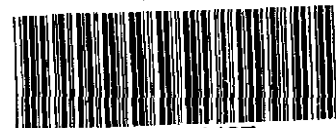
X

- 5) Copy of business plan

N/A

- 6) Fingerprint cards for each person (two cards per person) must be enclosed with a check payable to the Nebraska State Patrol for processing in the amount of \$38.00 per person. All areas must be completed on cards as per brochure. To prevent the delay in issuing your license, we strongly suggest you go to any Nebraska State Patrol office or law enforcement agency listed in the enclosed fingerprint brochure.

OK 2606 - \$250.00



1400001487

X

- 7) Enclose the appropriate application forms  
Individual License (requires insert form 1)  
Partnership License (requires insert form 2)  
Corporate License (requires insert form 3a & 3c)  
Limited Liability Company (LLC) (requires form 3b & 3c)

RECEIVED

FEB 25 2014

NEBRASKA LIQUOR  
CONTROL COMMISSION

X

- 8) 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 making application. Lease term must run through the license year being applied for.

X

- 9) Corporation or Limited Liability Company must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

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.

Authorized Signature

Jason Payne

Print Name

402-763-8868

Contact Phone Number

2/18/2014

Date

**APPLICATION FOR LIQUOR LICENSE  
MICRODISTILLERY**

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

**106685**

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

**RECEIVED**

- ☒ Class Z Microdistillery      Application fee \$400 plus licensee fee \$250  
Total \$650 (Check made payable to Nebraska Liquor Control Commission)
- ☐ Class K Catering license (requires catering application form 106) \$100.00
- ☐ Copy of Federal Basic Permit
- ☐ Alcoholic Liquor Tax Bond minimum of \$1,000 (form 115 may be used)

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

Term of license runs from May 1 – April 30  
Catering license (K) expires same as craft brewery (brewpub) license

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

- ☐ Individual License (requires insert form 1)  
☐ Partnership License (requires insert form 2)  
☐ Corporate License (requires insert form 3a & 3c)  
☒ Limited Liability Company (LLC) (requires form 3b & 3c)

**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 \_\_\_\_\_

**PREMISE INFORMATION**

Trade Name (doing business as) Cut Spike Distillery

Street Address #1 11941 Centennial Road, Ste 1

Street Address #2 \_\_\_\_\_

City La Vista County Sarpy #59 Zip Code 68128

Premise Telephone number 402-763-8868

Is this location inside the city/village corporate limits:



YES



NO

FEB 25 2014

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

Name Cut Spike Distillery

NEBRASKA LIQUOR  
CONTROL COMMISSION

Street Address #1 11941 Centennial Road, Ste 1

Street Address #2 \_\_\_\_\_

City La Vista State NE Zip Code 68128

**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, and/or sales areas. 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.

Length 52 feet  
Width 42 feet

No Basement One Story

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

See Attached

# **APPLICANT INFORMATION**

## 1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ 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
Jason Payne	07/2000	Iowa City, IA	Public Intoxication	fine paid

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FEB 25 7814

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

☐ YES ☒ NO

NEBRASKA LIQUOR

CONTROL COMMISSION

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

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

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

☒ YES ☐ NO

If yes, give name and license number Cut Spike Distillery, LLC, Z-084858

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

☐ YES ☒ NO

If yes:

- Attach temporary operating permit (form 125)
- T.O.P. will only be accepted at a location that currently holds a valid liquor license.

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

☒ YES ☐ NO

If yes, list the lender Core Bank, Omaha, Nebraska



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

☒

YES

☐

NO

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FEB 25 2014

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

Quaff, LLC owns 100% of the Applicant *controlling corp of*

NEBRASKA LIQUOR

No silent partners

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

☐

YES

☒

NO

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

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

☐

YES

☒

NO

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

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

☐

YES

☒

NO

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

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

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

Core Bank - withdrawals and checks may be issued by Jason Payne, Brian Magee, and Quaff, LLC's accountant

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.

Upstream Brewing Company

Class 1 - 34776 (Alcoholic Liquor on Sale)

Class L - 34777 (Brewpub)

Upstream Brewing Company West

Class L - 084643 (Brewpub)

Class CK - 084642 (Catering)

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:

- a) Individual, applicant only (no spouse)  
b) Partnership, all partners (no spouses)  
c) Corporation, manager only (no spouse) as listed on form 3c  
d) Limited Liability Company, manager only (no spouse) as listed on form 3c

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FEB 25 2014

NEBRASKA LIQUOR

Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
Jason Payne	09/2003 - 11/2008	Upstream Brewing Company
Jason Payne	11/2008 - present	Lucky Bucket Brewing Company and Cut Spike Distillery

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



Lease: expiration date

May 2015

May 31, 2015



Deed



Purchase Agreement

14. When do you intend to open for business?

Currently open for business

15. What will be the main nature of business?

Manufacture and Wholesale of Spirits

16. What are the anticipated hours of operation?

Tasting Room - Wednesday through Friday 4 pm - 10 pm, Saturday 11 am - 5 pm

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	
Omaha, Nebraska	2002	present	Omaha, Nebraska	2004	prese

If necessary attach a separate sheet.

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

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

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

[Signature] PRESIDENT/MANAGING MEMBER  
Signature of Applicant

Megan K. Payne  
Signature of Spouse

Cathy Magee  
Signature of Applicant

[Signature]  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

RECEIVED  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

NEBRASKA LIQUOR  
Signature of Spouse

\_\_\_\_\_  
Signature of Applicant

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

#### ACKNOWLEDGEMENT

State of Nebraska  
County of Douglas

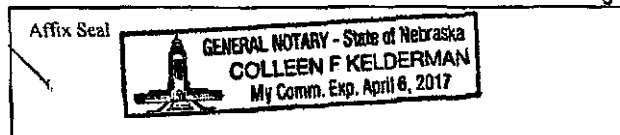
The foregoing instrument was acknowledged before me this

2-20-14

date

by Adson Payne Megan Payne Brian Magee  
name of person acknowledged Cathy Magee

Colleen F. Kelderman  
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.

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

Office Use

**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 in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

**Corporation/LLC information**

Name of Corporation/LLC: Cut Spike Distillery LLC

**Premise information**

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

Premise Trade Name/DBA: Cut Spike Distillery

Premise Street Address: 11941 Centennial Road, Ste 1

City: La Vista County: Sarpy Zip Code: 68128

Premise Phone Number: 402-763-8868

Email address: jason@cutspike.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. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)

  
**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

*Signed. BC, voter reg, no prints required due to*

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

Last Name: Payne First Name: Jason MI: D

Home Address (include PO Box if applicable): 615 N 40th St

City: Omaha County: Douglas Zip Code: 68131

Home Phone Number: 402-490-1357 Business Phone Number: 402-763-8868

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Little Rock, AR

Email address: jason@cutspike.com

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

☒ YES

☐ NO

*Signed. BC, voter reg, no prints required due to Annexation*

Spouse's Information

Spouses Last Name: Payne First Name: Megan MI: K

Social Security Number: - - - Drivers License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: Omaha, NE

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

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, NE	2002	present	Omaha, NE	2004	present

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2003	2008	Upstream Brewing Company	Brian Magee	402-344-0200
2002	2003	Cargill	Jim Tischer	N/A

## 1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ 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
Jason Payne	07/2000	Iowa City, IA	Public Intoxication	fine paid

## 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):

*Lucky Bucket Brewing Company  
and Cut Spike Distillery*

## 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: \_\_\_\_\_

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Jason Payne/President	2008 to present	Lucky Bucket Brewing Company and Cut Spike Distillery
Jason Payne/Head Brewer	2003 to 2008	Upstream Brewing Company

5. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?  
(Check or money order made payable to the **Nebraska State Patrol for \$38.00 per person**)

☒ YES

☐ NO

**PERSONAL OATH AND CONSENT OF INDIVIDUALS**

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.

J-P PRESIDENT/MANAGING  
Signature of Manager Applicant MEMBER

Megan K. Payne  
Signature of Spouse

**ACKNOWLEDGEMENT**

State of Nebraska

County of Douglas

The foregoing instrument was acknowledged before me this

2-20-14

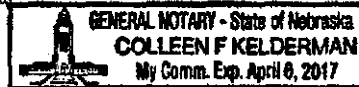
date

by JASON Payne Megan Payne  
name of person acknowledged

Colleen F. Kelderman

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.