Lincoln Nebraska's Capital City

March 25, 2003

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Viviana Grassi Larsen, d.b.a. Sur Tango Bar & Cafe, 1228 'P' Street. Sur Tango Bar & Cafe holder of liquor license I -53851 requests this liquor license be upgraded to a class C liquor license.

Ownership of the establishment has not changed, and background information is being omitted but is available for review on Councils' request.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police

Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Web: www.ci.lincoln.ne.us
A nationally accredited law enforcement agency

Sec date 3/31/03
Pn: 4/14/03

STATE OF NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Forrest D. Chapman
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833 7352 (TTY)

Mike Johanns
Governor

March 14, 2003

C #58729

A3-030771
74

City Clerk of Lincoln
City/County Building
555 S 10 Street
Lincoln, NE 68508

upgrade from I to C
Viviana - Grassi - Larsen
dba Sur Tango Bar & Cafe

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

1) There is a recommendation of denial from the local governing body.

2) A citizens protest; or

3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

1) Upon payment of the license fees;
2) Physical possession of the license;
3) Effective date on the license.

'03 MAR 17 PM 3 21
CITY OF LINCOLN
NEBRASKA

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

[signature]

Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12 99

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046, 301 Centennial Mall South
Lincoln, NE 68509-5046

http://www.nol.org/home/NLCC/
Phone: (402) 471-2571
Fax: (402) 471-2814

RECEIVED
MAR 10 2003
NEBRASKA LIQUOR CONTROL COMMISSION

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders/member holding over 25% stock/interest. 6. All applications must be typewritten or printed clearly. 7. Submit in **Triplicate**

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class)	Registration Fee	License Fees	Corporate Surety Bond
☐ A Beer, On Sale Only – Inside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ F Beer, On Sale Only – Outside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ B Beer, Off Sale Only – Indicate Inside or Outside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ J Wine, Beer, On Sale Only – Inside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ I Spirits, Wine, Beer, On Sale Only – Inside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ D Spirits, Wine, Beer, Off Sale Only – Inside Corporate Limits	$45.00	$150.00	exempt
☐ D1 Spirits, Wine, Beer, Off Sale only – within extraterritorial zoning jurisdiction	$45.00	$150.00	exempt
☑ C Spirits, Wine, Beer On & Off Sale – Inside Corporate Limits	$45.00	Collected at Local Level	exempt
☐ M Bottle Club (Spirits, Wine, Beer, on Sale)	$45.00	Collected at Local Level	exempt
☐ H Non-profit Corporation	$45.00	Collected at Local Level	exempt
☐ K Wine Only, Off Sale	$45.00	Collected at Local Level	exempt
☐ O Boat	$45.00	$ 50.00	exempt
☐ V Manufacturer of Beer, Wine & Distilled Spirits	$45.00	Varies $100 to $1,000	$10,000 min.
☐ X Wholesale Liquor	$45.00	$500.00	$ 5,000 min.
☐ W Wholesale Beer	$45.00	$250.00	$ 5,000 min.
☐ Y Farm Winery	$45.00	$250.00	$ 1,000 min.
☐ L Craft Brewery (Brew Pub)	$45.00	$250.00	$ 1,000 min.

TYPE OF APPLICATION

Type of application being applied for (place appropriate number in box)

1

1= Individual License requires Form 1 to be attached.
2= Partnership License requires Form 2 to be attached.
3= Corporate License requires Form 3 and 4 and Manager Application be attached.

CORPORATE SURETY BOND INFORMATION

Bond Company – for Classes L V W X Y only

Start Date Month/Day/Year

Bond Number

SECTION A – LOCATION INFORMATION – Must be completed by all applicants

Trade Name (name of business): SUPE TANGO BAR & CAFE

Telephone Number at premise to be licensed: (402) 438-1222

1) Street Address of Proposed licensed premise: 1228 P St.

Is this located inside the city limits? Circle YES / NO

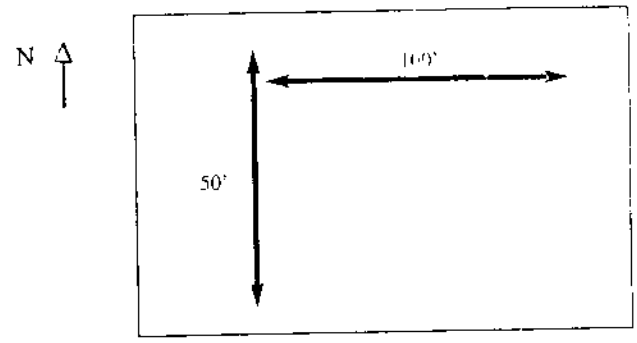
City: LINCOLN County: LANCASTER Zip Code: (08)

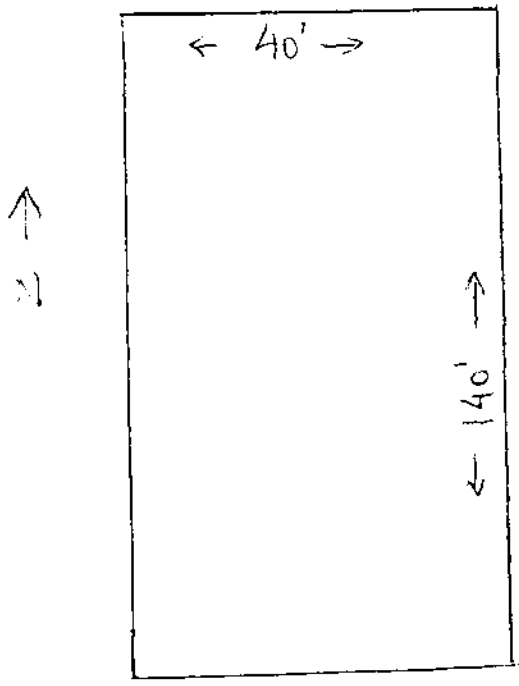
2) Mailing Address for receipt of Liquor Control Commission mailings: 1228 P St.

City: LINCOLN County: LANCASTER Zip Code: (08)

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.





Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement approximately 30' x 50' at the East end.

1st floor of 3-Story building.

SECTION B — OTHER INFORMATION REQUIRED	Yes	No	Explanation/Comments
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 criminal charge. Criminal charge means any charge alleging a felony or misdemeanor or violation of a federal or state law or 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	Explanation/Comments
2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).		✓	
3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.		✓	
4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.		✓	
5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.		✓	
6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.		✓	
7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?		✓	
8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.		✓	
9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.		✓	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.	WELLS FARGO. VIVIANA GRASSI-LARSEN		
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.	VIVIANA GRASSI-LARSEN 1228 P St I 53851 (still in effect)		
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.	VIVIANA GRASSI-LARSEN 50 HOURS		
13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	3 year experience on site responsible Hospitality Training Class (3/02)		
14. 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 interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed).	attached. Lease Expires 11-1-03		
15. When do you intend to open for business?	open since 4/02		

6. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
VIVIANA GRASSI-LARSEN	93	94	LINCOLN NE
	94	Present	LINCOLN NE
GUSTAVE F. LARSEN (SAME AS WIFE)			

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), 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 or 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 and/or inaccurate.

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. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here _____ sign here _____

sign here _____ sign here _____

sign here _____ sign here _____

sign here _____ sign here _____

Subscribed in my presence and sworn to before me this 10th day of March, 2005

GENERAL NOTARY - State of Nebraska
JANICE A. KEMPF
My Comm. Exp. Oct. 11, 2005

(SEAL)

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

sign here _____ Notary Public Signature

GENERAL NOTARY - State of Nebraska
JANICE A. KEMPF
My Comm. Exp. Oct. 11, 2005

FORM 15-4019
Rev. 9/02

NEBRASKA LIQUOR CONTROL COMMISSION

Individual Application
for License
FORM 1

INSTRUCTIONS:

1) An Individual Licensee Must be a Resident of the State of Nebraska.
2) Each Applicant and Spouse must attach fingerprint cards (2 cards per person) and proper fees.
3) All applications mut be typewritten and submitted in triplicate.

Name of Applicant (Last, First, Middle, Maiden). List any Previous Names or Aliases Used.: GRASSI-LARSEN, VIVIANA ALEJANDRA

Social Security Number:

Date of Birth: / /

Applicant's Home Address (1): 2411 WINCHESTER SOUTH

Applicant's Home Address (2):

City: LINCOLN

County: LANCASTER

Zip Code: 68512 1557

Driver's License Number:

State: NE

Home Telephone Number: 402 432 7952

Business Telephone Number: 402 438 1222

ARE YOU MARRIED? Yes IF YES, PLEASE COMPLETE.

Spouse's Name (Last, First, Middle, Maiden). List Any Previous Names or Aliases Used: LARSEN, GUSTAVO FABIAN

Spouse's Social Security Number:

Spouse's Date of Birth: / /

Spouses's Driver's License Number:

State: NE

FORM 35-1182
REV 9/00

printed on recycled paper