

February 26, 2004

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

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of MVB Inc., d.b.a. Caffee Italia, 2110 Winthrop Road requesting a class I liquor license. Caffee Italia will be a coffee shop which will also serve sandwiches and salads.

This location was previously known as Four Friends which held a class C liquor license.

Mauro Bergo, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Mauro Bergo was born in Adria, Italy. He served in the Italy Armed Forces 1977 – 1978. Mr. Bergo moved to the United States in 1999.

He was employed at the Hitchin Post & Wooden Nickel in Lincoln, Nebraska as a manager 1999- 2004.

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



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) Caffe ITALIA

Manager Owner Other _____

Name: MARCO BERGO

US Citizen? Yes No

Has applicant ever been cited for liquor law violations? No Yes
Explain _____

Does applicant have an interest in another liquor license? No Yes
Explain _____

Is spouse qualified to hold a license? Yes No N/A

How is applicant if not an owner to be paid? Salary Hourly 12.12

How many hours will applicant be at the establishment? 600+

Any other employment? No Yes, explain _____

Any previous experience with a liquor license? Yes No

Any criminal convictions? No Yes
Comments _____

Is applicant a property owner in Lincoln? Yes No

Is applicant involved in any civil litigation? No Yes
Comments _____

Photo Records Check References

Comments _____

Interview Date 2.12.04

Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: Caffe ITALIA

Address: 2110 W. Ashrop Phone: 489-4949

Type of Investigation: Purchase Upgrade Expansion (New)
(Owner) (Manager) Other: _____

Type of Business: CAFE / BAR / COFFEE SHOP

Liquor Class A B C D (I) J K Catering Other: _____

Ownership: (Corporation) Partnership Individual

Amount Financed: N/A Source: _____

Lease Agreement: 3 yrs 1200 per mo

Sales: %Food: 70 %Liquor: 30

Located: (Commercial) Industrial Residential

Traffic Flow: moderate Off Street Parking: (Yes) No

Ready for Operation: Yes (No) Est Date: MARCH 04

Food Service: (Yes) No Employees: F/T 1 P/T 1

Est Seating: 40 Est Daily Customers 100

Hours of Operation: Tue - 6pm Mon - Sat

Any Additional Comments: _____

STATE OF NEBRASKA

Set date 3-15-04
PH 2-3-04

Mike Johanns
Governor

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 800 833-7252 (TTY)

A4-017885
599

CERTIFIED

February 11, 2004

City Clerk
555 S. 10th Street, Suite 103
Lincoln, NE 68508

MVB Inc
dba Caffè ITALIA
2110 Winthrop Rd, 100A
68502

FILED
CITY CLERK'S OFFICE
CITY OF LINCOLN
NEBRASKA
04 FEB 12 PM 4:00

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.

Sincerely,
NEBRASKA LIQUOR CONTROL COMMISSION

Tami Freeman
Licensing Division

Enclosures
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman
An Equal Opportunity/Affirmative Action Employer

R.L. (Dick) Coyne
Commissioner

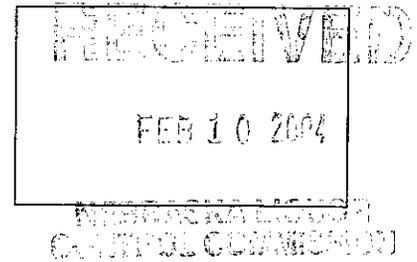
WAS FOUR FRIENDS
HELD A CLASS C

I 62464

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



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 holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate** 8. Required areas marked by a red asterisk (*)

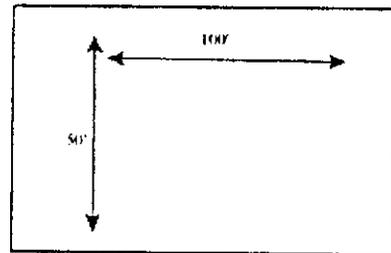
CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

TYPE OF APPLICATION *	CORPORATE SURETY BOND INFORMATION
Type of application being applied for (check appropriate box) 1. <input type="radio"/> Individual License requires Form 1 to be attached. 2. <input type="radio"/> Partnership License requires Form 2 to be attached. 3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	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) Caffe Italia		Telephone Number at premise to be licensed 402-489-4949	
1) Street Address of Proposed licensed premise 2110 Winthrop Rd., Suite 100A		2) Mailing Address for receipt of Liquor Control Commission mailings 2901 S. 25th St.	
City Lincoln	County Lancaster	City Lincoln	County Lancaster
Zip Code 68502	Zip Code 68502		

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.

Please see attached. *next page*

*Irregular shaped bldg.
approx 50' x 39'*

RESTROOMS AREA

31'

24x48

GREASE TRAP

600

601

RECEIVED

FEB 10 2004

Area to be licensed by NEBRASKA LIQUOR CONTROL COMMISSION outlined in blue.

ELKAY 2772-10

14 1/2'

CUT COUNTERTOP TO ALLOW FOR PREP REF.

800

100

202

801

802

400

402

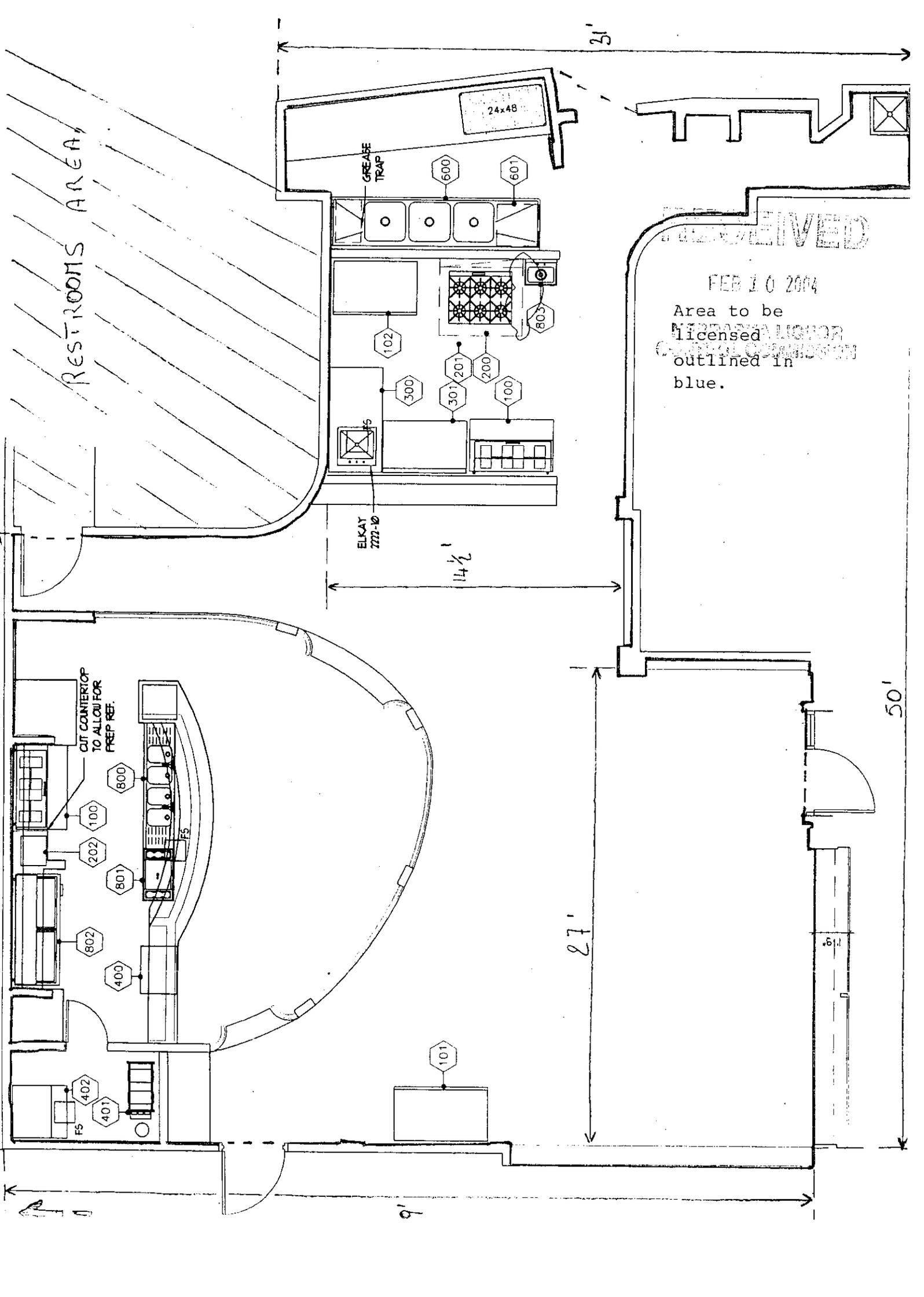
401

101

27'

50'

9'

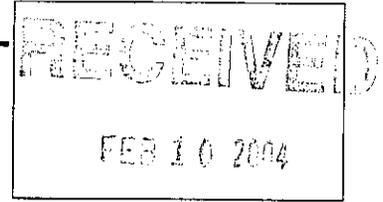


SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed				
	Yes	No						
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, <u>ever</u> been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. 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.</p>					Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 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).</p>					Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 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.</p>					Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>					Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>					Yes <input type="radio"/>	No <input checked="" type="radio"/>		

<p>* 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.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 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?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 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.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 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.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>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.</p>	<p>Commercial Federal Mauro Bergo Valerie Moser-Bergo</p>		
<p>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.</p>	<p>none</p>		
<p>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.</p>	<p>Mauro Bergo 66 hours per week</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Level IV Food Handler Permit, Former Partner in an Italian Restaurant & Bar (Italy)																												
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)	please see attached copy of lease <div style="text-align: center; font-size: 2em; font-family: cursive;">1/31/2007</div>																												
15. When do you intend to open for business?	February 13, 2004																												
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.																													
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">NAME</th> <th style="width:15%;">FROM (YEAR)</th> <th style="width:15%;">TO (YEAR)</th> <th style="width:35%;">RESIDENCE (CITY, STATE)</th> </tr> </thead> <tbody> <tr> <td>Mauro Bergo</td> <td>1999</td> <td>2004</td> <td>Lincoln, Nebraska</td> </tr> <tr> <td>Mauro Bergo</td> <td>1992</td> <td>1999</td> <td>Parabiago (MI), Italy</td> </tr> <tr> <td>Valerie Moser-Bergo</td> <td>1986</td> <td>2004</td> <td>Lincoln, Nebraska</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)	Mauro Bergo	1999	2004	Lincoln, Nebraska	Mauro Bergo	1992	1999	Parabiago (MI), Italy	Valerie Moser-Bergo	1986	2004	Lincoln, Nebraska												
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)																										
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Valerie Moser-Bergo	1986	2004	Lincoln, Nebraska																										

Corporation/LLC Application for License - Form 3
Nebraska Liquor Control Commission



INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: **a)** each stockholder owning over 25% of the stock, **b)** chief executive officer, **c)** proposed manager and **d)** all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

Total Number of Shares (if corporation)

MVB, Inc. *

10000 *

Corporate Street Address

Mailing address for receipt of Liquor Control Commission Mailings

2901 S. 25th St. *

2901 S. 25th St. *

Corporate Telephone Number	City	County	State	Zip Code
402-423-4752 *	Lincoln *	Lancaster *	NE *	68502 * -

Name of Registered Agent

Name of Proposed Manager

Mauro Bergo *

Mauro Bergo *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name	Title	Date of Birth
Mauro Bergo *	President *	*

Social Security Number	Home Address (1)	City
*	2901 S. 25th St. *	Lincoln *

State	Zip Code	Home Telephone Number
NE *	68502 * -	402-423-4752 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Bergo, Mauro			President, Treasurer
Spouse Name Moser-Bergo, Valerie Ellen			Vice President, Secret
Partner Number of Shares / %	50	Spouse Number of Shares / %	50

Is this Corporation/LLC controlled by another Corporation?

Yes No

RECEIVED

Name of control Corporation

FEB 10 2004

NEBRASKA LIQUOR CONTROL COMMISSION

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

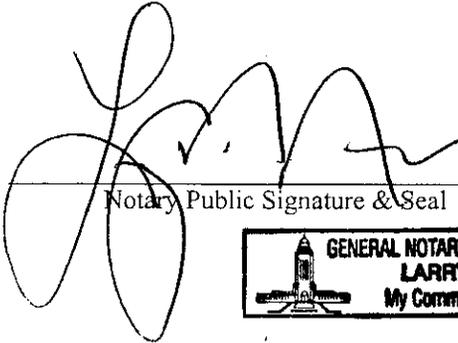
Please indicate below your corporate tax year with the IRS

Starting date: 01-01-04 Ending date: 12-31-04

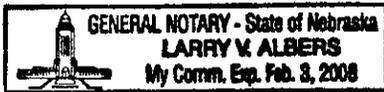
State of Nebraska)

) ss.

Lancaster County)



Notary Public Signature & Seal



By 

President/Member



Secretary/Member

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

Verify Form and Print

FORM 35-4183
REV. 02/01

Application for Corporate Manager

RECEIVED

Must Be A Nebraska Resident

Please submit in Triplicate

FEB 10 2004

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

NEBRASKA LIQUOR
CONTROL COMMISSION

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

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation MVB, Inc. * Class & License number 1 *

Trade Name of Licensed Premise Caffe Italia *

Street Address of Licensed Premise 2110 Winthrop Rd., Suite 100A * City Lincoln * County Lancaster *

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: *Mauro Bergo*

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden) Bergo, Mauro * Sex *

F	M
<input type="radio"/>	<input checked="" type="radio"/>

 Social Security Number _____ *

Date of Birth _____ * Place of Birth Adria (RO) Italy *

Home Street Address 2901 S. 25th St. * City Lincoln * County Lancaster *

State NE * Zip Code 68502 * Home Telephone Number 402-423-4752 *

Business Telephone Number 402-489-4949 *

Drivers License Number _____ *	State <u>NE</u> *
--------------------------------	-------------------

Are You Married? * Yes No If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)

Moser-Bergo, Valerie Ellen

Social Security Number

RECEIVED

Drivers License Number

State

NE

Date of Birth

LB 10 2004

Place of Birth

Lincoln, Nebraska

**NEBRASKA LIQUOR
CONTROL COMMISSION**

* 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 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

* 2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

Yes No

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes No

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?

Nebraska Liquor Control Act (§53-131.01)

Yes No

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes No

RESIDENCES SINCE AGE 18, APPLICANT AND SPOUSE MUST COMPLETE

	Year	
	From	To
Applicant: City & State		
Lincoln, Nebraska	99	04
Spouse: City & State		
Lincoln, Nebraska	86	04

	Year	
	From	To
Applicant: City & State		
Parabiago (MI) Italy	92	99
Spouse: City & State		
Waverly, Nebraska	85	86

	Year	
	From	To
Applicant: City & State		
Milano, Italy	74	92
Spouse: City & State		
Grand Island, Nebraska	79	85

	Year	
	From	To
Applicant: City & State		
Spouse: City & State		

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer	Year		
	From	To	
Hitchin' Post & Wooden Nickel	1999	2004	2005-2007
Name of Supervisor	Telephone Number		
Gale Sup	402-476-3432		

Name of Employer	Year		Telephone Number
	From	To	
Lafarge	1996	1999	
Name of Supervisor	Telephone Number		
Tullio de Tullio	011390332995532		

