



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



lincoln.ne.gov

June 6, 2007

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

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Europe Coffee LLC, 1819 'O' Street requesting a class I liquor license.

Irfan and Ermina Osmanovic, owners have requested that Ermina be approved as the manager of the liquor license.

Background information on the applicants is as follows:

Irfan Osmanovic was born in Bosnia. He completed his education in Bosnia as an electrician. Irfan moved to the United States in 1998.

In 2001 Irfan was the owner of the Bosnian Kitchen at 1819 'O' Street. This establishment held a class I Liquor license.

Ermina Osmanovic was born in Bosnia. She became a United States Citizen in 2005. Mrs. Osmanovic shows no employment records.

The Lincoln Police Department is recommending denial of this application based on the following.

- January 2001 applied and approved for a Liquor license Bosnian Kitchen
- 4-28-01 Bosnian Kitchen, Irfan cited, No dance permit / sale of alcohol without a license
- 5-01-01 Check 1034 written to City Clerk \$608.00 for liquor license.
- 5-06-01 Bosnian Kitchen, Irfan cited, No dance permit
- 5-21-01 Check 1034 for liquor license returned NSF to city Clerk. Numerous attempts to collect unsuccessful
- 9-02-01 Open containers after hours / suspended license 7 days
- 9-28-01 Check 1034 turned over to County Attorney
- 7-18-02 Letter to City Council from City Clerk requested liquor license not be renewed. Money not yet collected.



A nationally accredited law enforcement agency



- 5-19-07 Europe Coffee, Irfan cited. #1 sell alcohol without a license, #2 no dance permit
#3 sell alcohol at a public dance, #4 allowing smoking, #5 maintain a disorderly house
- 5-31-07 Received application for liquor license
- 6-01-07 Complaint of alcohol sales without a license. Denied alcohol inside establishment.
Officer found a large container with beer on ice.

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

Liquor License Business Report / Completed by Inv Fosler Date: _____

DBA: BOSNIAN Kitchen

ADDRESS 1819 O ST PHONE 476-6464

TYPE OF INVESTIGATION:

PURCHASE _____ UPGRADE _____ EXPANSION _____ NEW (X)
OWNER (X) MANAGER (X) OTHER _____

TYPE OF BUSINESS Rest.

CLASS: A B C D (L) J K CATERING OTHER _____

OWNERSHIP CORPORATION PARTNERSHIP INDIVIDUAL

PURCHASE PRICE _____ PROPERTY EQUIPMENT VALUE _____

AMOUNT FINANCED _____ SOURCE _____

COLLATERAL _____ COSIGNER(S) _____

LEASE AGREEMENT 500 mo

EST INCOME %FOOD 90 %LIQUOR 10

COMMERCIAL INDUSTRIAL RESIDENTIAL

TRAFFIC Heavy PARKING ON-STREET

READY FOR OPERATION: YES NO, EST DATE _____

FOOD SERVICE Full service # OF EMPLOYEES F/T 1 P/T 2

DOES LICENSE COMPLY WITH LEGAL DISTANCES: YES
NO _____

EST SEATING 100 EST # DAILY CUSTOMERS 50+

HOURS OF OPERATION 9am - 9pm

HUMAN RIGHTS COMMISSION CHECKED- YES NO N/A

APPLICATION FOR LIQUOR LICENSE

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.nol.org/home/NLCC/

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NEBRASKA LIQUOR CONTROL COMMISSION

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APR 24 2007

NEBRASKA LIQUOR CONTROL COMMISSION

OFFICE USE ONLY

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

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input checked="" type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits | \$ 45.00 10,000 min. |
| | | (additional fee of \$100 to \$1,000-call for exact amount) | |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 5,000 |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 5,000 |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 1,000 |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- Individual License, requires insert form 1
- Partnership License, requires insert form 2
- Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: _____ Phone: _____

Firm Name: _____

Firm address: _____

PREMISE INFORMATION

Trade Name (doing business as) Europe Coffee

Street Address #1 1819 O Street

Street Address #2 _____

City Lincoln County Lancaster

Zip Code 68502

Telephone number at premise to be licensed 742-7810

Is this location inside the city/village corporate limits: YES NO

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: Irfan Osmanovic

Street Address #1 1237 Peach St

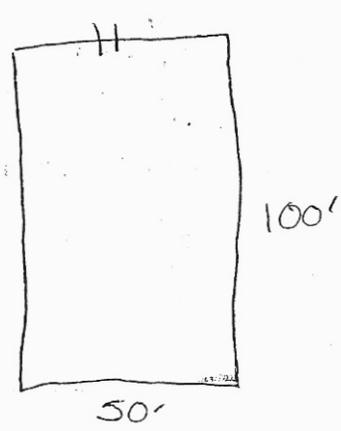
Street Address #2 _____

City Lincoln County Lancaster

Zip Code 68502

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment 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. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



single story
bldg. 100' x 50'
(no basement)

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 If yes, please explain below or attach a separate page.
 No

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). Liquor Inventory may be taken at time of application being submitted.

- Yes
Current business name and license number _____
 No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- Yes
 No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- Yes _____
 No _____

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

Yes EMIR OSMANOVIC
 No

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.

Yes Building owner
 No

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? (No silent partners)

Yes _____
 No

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. Neb. Rev. Stat. 53-177.

Yes _____
 No

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.

Yes _____
 No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

West Gate Bank
Irfan Osmanovic
Emir Osmanovic

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 reasons for termination of any licenses previously held.

Irfan Osmanovic, 1819 O Street - 2001

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.

Irfaan Osmanovic 100 hours

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

previously owned a bar

Responsible Beverage Training

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 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 _____
- Deed
- Purchase Agreement

15. When do you intend to open for business?
Restaurant

16. What will be the main nature of business? What are the anticipated hours of operation?
Sale of drink and food products,
7am - 1am

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
<u>Irfaan Osmanovic</u>	<u>1988</u>	<u>2007</u>	<u>Lincoln NE</u>

NEBRASKA LIQUOR CONTROL COMMISSION
MIDWEST DIVISION
DESIGNATED PERSON

The undersigned applicant(s) hereby consent(s) to a background investigation and release 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, 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.

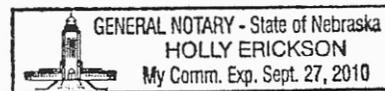
X Irfan Osmanovic

(sign here)

Subscribed in my presence and sworn to before me this

24th day of April, 2007

Holly Erickson
Notary Public Signature & Seal



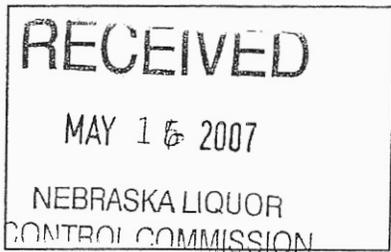
In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4010
REV. 4/05

Subscribed in my presence and sworn to before me this

APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
MUST BE A NEBRASKA RESIDENT

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Europe Coffee Inc.
CLASS & LICENSE NUMBER I
TRADE NAME Europe Coffee
STREET ADDRESS 1819 'O' St. CITY Lincoln, NE 68502

Tofan Osmanovic
SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Osmanovic, Ermina
ADDRESS 1237 Peach St.
CITY Lincoln STATE NE ZIP CODE 68502
HOME PHONE NUMBER 402-475-0562 BUSINESS PHONE NUMBER 402-742-7810
SEX MALE FEMALE SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ PLACE OF BIRTH Prijedor
DRIVERS LICENSE NUMBER & STATE _____

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME NA
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE _____

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Osmanovic First Name Irfan

Social Security Number _____ Date of Birth _____

Title President Number of Shares 100 %

Spouse Name (indicate N/A if single) Single

Spouse Social Security Number - Date of Birth -

Title - Number of Shares -

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes No

If yes, give name of corporation and supply organizational chart

N/A

Indicate tax year with the IRS

Starting Date Jan Ending Date Dec

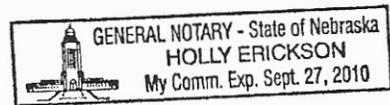
X Irfan Osmanovic

Signature of President/Managing Member

Subscribed in my presence and sworn to before me this

24th day of April, 2007

Holly Erickson
Notary Public Signature & Seal



In compliance with the 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.

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NEBRASKA LIQUOR CONTROL COMMISSION
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APPLICATION FOR LIQUOR LICENSE CORPORATION/LLC INSERT - FORM 3a

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.nol.org/home/NLCC

Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office. ✓)

Europe Coffee Inc.

Corporate Street Address: 1819 'O' st.

City: Lincoln State: NE Zip Code: 68502

Corporate Telephone Number (402) 742-7810

Total number of shares issued (if corporation) 100

Is this a Non Profit Corporation? YES NO
If yes, what is your Federal ID #? _____

Name of Registered Agent EUROPE COFFEE

Name of Proposed Manager Irfan Osmanovic
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Osmanovic First Name: Irfan MI MI

Address Street 1237 Peach St. City Lincoln

State NE Zip Code 68502 Home Phone number (402) 475-0506

Social Security Number _____ Date of Birth _____

Address Street 1237 Peach St. City Lincoln

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.

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 FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
		FROM	TO	FROM	TO
Lincoln, NE		1996	-	N/A	

EMPLOYERS - LIST LAST TWO EMPLOYERS			
MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
	N/A		

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MAY 16 2007

NEBRASKA LIQUOR CONTROL COMMISSION

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

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, an 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.

X ERMIRA OSMANLIC

Signature of Applicant

Signature of Spouse

Subscribed in my presence and sworn to before me this _____ day of _____

Subscribed in my presence and sworn to before me this _____ day of _____

~~OK-mm~~

Notary Signature & Seal

Notary Signature & Seal