



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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

November 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 Angela Tucci requesting that she be approved as the manager of the following liquor licenses.

Lazlo's 5900 Old Cheney, 710 'P' Street
Fireworks 5750 South 68th Street

Background information on the applicant is as follows:

Angela Tucci was born in Nebraska City, Nebraska. She attended Southeast Community College graduating in 2000.

Mrs. Tucci has been employed by this corporation since 1997.

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



1/29/07

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

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NEBRASKA LIQUOR
CONTROL COMMISSION

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NEBRASKA LIQUOR
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

JK
JK

Corporation/LLC information

Name of Corporation/LLC: Lazio, Inc.

Premise information

Premise License Number: ① 39475, ② 481664, ③ 73959, ④ 72804, ⑤ 73193

Premise Trade Name/DBA: Lazio's Brewery & Grill / Fireworks Restaurant

Premise Street Address: ① 210 N 7th St, Lincoln NE 68508, ② 5900 Old Cheney Rd, Lincoln NE 68510
③ 5750 S 86th Dr, Lincoln NE 68520, ④ 3301 E 11th Ave, Fremont NE 68025
⑤ 2425 S 192nd Ave, Omaha NE 68130

City: _____ State: _____ Zip Code: _____

Premise Phone Number: 402-434-5959, ① 402-434-5036, ② 402-323-8500, ③ 402-434-5644
④ 402-941-7020, ⑤ 402-289-5840

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)



Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: MALE FEMALE

Last Name: Tucci First Name: Angela MI: R

Home Address (include PO Box if applicable): 1570 S Cotner Blvd

City: Lincoln State: NE Zip Code: 68506

Home Phone Number: 402-326-1077 Business Phone Number: 402-434-5959

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

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

YES NO

Spouse's information

Spouses Last Name: Tucci First Name: Anthony MI: J

Social Security Number: _____ Drivers License Number & State: NA

Date Of Birth: _____ Place Of Birth: _____

APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
1570 Scotner, Lincoln, NE	2004	Present	1570 S Cotner, Lincoln, NE	2004	Present
Lincoln, NE	2001	2004	Lincoln, NE	2001	2004
Kailua-Kona, HI	2000	2001	Kailua-Kona, HI	2000	2001
Lincoln, NE	1975	2000	Lincoln, NE	1972	2000

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1997	Present	Lazio, INC	Scott Miller	402-434-5959
1993	1997	Harris Laboratories	JoAnne Hilgert	no longer employed w/ Company

Manager and spouse must review and answer the questions below

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CONTROL COMMISSION

1. READ PARAGRAPH CAREFULLY AND 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 been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES NO

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES NO

PRINTS ENCLOSED

PERSONAL OATH AND CONSENT OF INVESTIGATION

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.

Angela Huss

Signature of Manager Applicant

[Signature]

Signature of Spouse

State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this 27th SEPTEMBER 2007 by

The foregoing instrument was acknowledged before me this 27th SEPTEMBER 2007 by

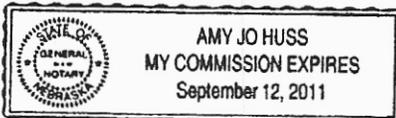
[Signature]

Notary Public signature

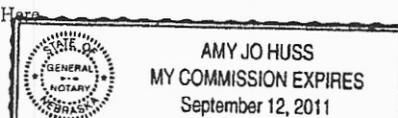
[Signature]

Notary Public signature

Affix Seal Here



Affix Seal Here



In compliance with the ADA, this manager insert form 3c is available in other formats for persons with disabilities. A ten day advance period is required in writing to produce the alternate format.

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

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CONTROL COMMISSION

The undersigned individual acknowledges that he/she will have no interest, direct or indirectly, in the operation or profit of the business, as prescribed in Section §53-125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. The undersigned individual will also be waived of filing fingerprint cards, however, will be required to disclose any violation(s) on all applications and sign all necessary documents.

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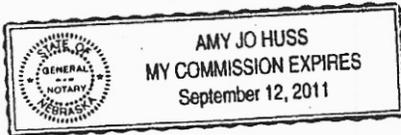
NEBRASKA LIQUOR
CONTROL COMMISSION

[Handwritten Signature]

Signature of Spouse Asking to be Waived

SUBSCRIBED in my presence and sworn to before me this 27th day

of September, 2007.



[Handwritten Signature]

Signature of Notary Public

The applying individual, whose spouse is requesting to be waived, understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

[Handwritten Signature]

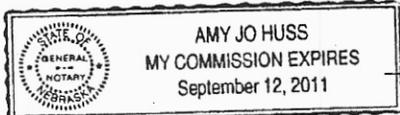
*Signature of applying individual
(spouse of individual listed above)

Angela Tucci

Print name of applying individual

SUBSCRIBED in my presence and sworn to before me this 27th day

of September, 2007.



[Handwritten Signature]

Signature of Notary Public

*spouse of individual listed above is the individual required to sign bottom portion of affidavit.