



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

June 2, 2011

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 Sun Valley Lanes, 321 Victory Lane requesting a class C liquor license.

This request is due to an ownership change.

John Losito, owner has requested that he be approved as the manager of the liquor license.

Background information on the Mr. Losito will be omitted as his is the currently approved manager of the current liquor license.

The required training was completed in September 2010

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.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



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PREMISE INFORMATION

Trade Name (doing business as) Sun Valley Lanes MAY 23 2011

Street Address #1 321 Victory Lane

Street Address #2 _____

City Lincoln County Lancaster ² Zip Code 68528

Premise Telephone number 402-475-3469 *city*

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

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

Name John Losito

Street Address #1 321 Victory Lane

Street Address #2 _____

City Lincoln State Neb Zip Code 68528

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, outdoor area, 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. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

**For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 156 feet
Width 180 feet

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

SEE Attachment

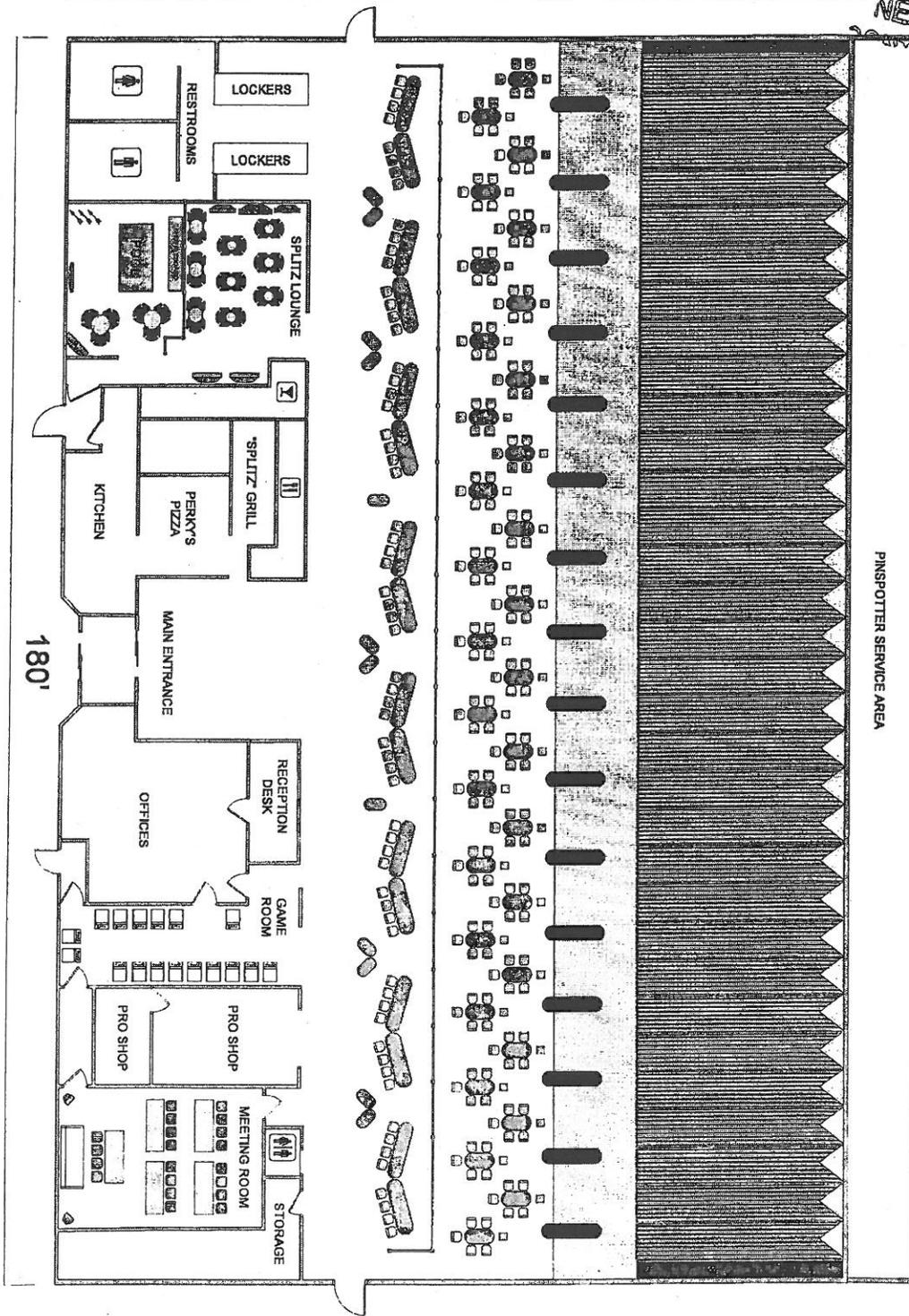
sgl story no basement

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MAY 23 2011

NEBRASKA LIQUOR

156'



SUN VALLEY LANES

321 VICTORY LANE
LINCOLN, NE 68528
(402) 475-3469



PINSPOTTER SERVICE AREA

PIN ROOM

MECHANIC SHOP

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.

MAY 23 2011

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
John Losito	07/2009	Missouri	Speeding (Hooper)	Guilty
John Losito	09/1992	New York	Speeding	Guilty

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

YES NO

If yes, give name of business and liquor license number Sun Valley Lanes - 10315

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

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

YES NO

If yes, give name and license number Bowling Associates Ltd aka Sun Valley Lanes

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

YES NO

- If yes:
- a) Attach temporary operating permit (T.O.P.) (form 125)
 - b) 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(s) West Gate Bank

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

YES NO

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

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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.

NEBRASKA LIQUOR
CONTROL COMMISSION

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)(1)

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.

West Gate Bank/John Losito

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.

John Losito is the Manager under the current license

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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Applicant Name	Date Trained (mm/yyyy)	Name of program where trained (name, city)
John Losito	09/2010	Lincoln ^(RHC) Manager's Training, Lincoln

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 _____
- Deed
- Purchase Agreement

14. When do you intend to open for business? asap

15. What will be the main nature of business? Bowling

16. What are the anticipated hours of operation? Legal hours

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, Neb	2001	2011			

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.

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[Signature]
Signature of Applicant

Signature of Spouse
NEBRASKA LIQUOR CONTROL COMMISSION

Signature of Applicant

Signature of Spouse

ACKNOWLEDGEMENT

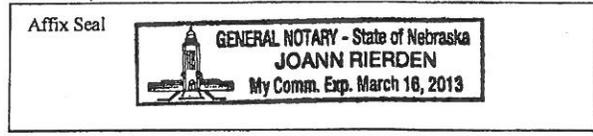
State of Nebraska
County of Lincoln

The foregoing instrument was acknowledged before me this

5/3/2011 date

by John Rosito name of person acknowledged

Joann Rierden
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.

**APPLICATION FOR LIQUOR LICENSE CORPORATION
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.lcc.ne.gov

Office Use

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NEBRASKA LIQUOR CONTROL COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: John Losito

Name of Corporation that will hold license as listed on the Articles

Apple Creek Vending, Inc.

Corporation Address: 321 Victory Lane, Lincoln, Nebraska 68528

City: _____ State: _____ Zip Code: _____

Corporation Phone Number: 402-475-3469 Fax Number _____

Total Number of Corporation Shares Issued: _____

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Losito First Name: John MI: A

Home Address: 3530 N 74th City: Lincoln

State: Neb Zip Code: 68507 Home Phone Number: 402-467-1319


Signature of President/CEO

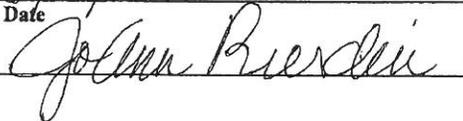
ACKNOWLEDGEMENT

State of Nebraska
County of Seward

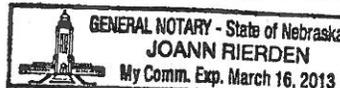
The foregoing instrument was acknowledged before me this

5/13/2011
Date

by John Losito
name of person acknowledge



Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Losito First Name: John MI: A

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

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NEBRASKA LIQUOR
COMMISSION

Last Name: [scribble] First Name: [scribble] MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Is the applying corporation controlled by another corporation/company?

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YES

NO

MAY 23 2011

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

NEBRASKA LIQUOR
CONTROL COMMISSION

Indicate the Corporation's tax year with the IRS (Example January through December)

Starting Date: January

Ending Date: December

Is this a Non-Profit Corporation?

YES

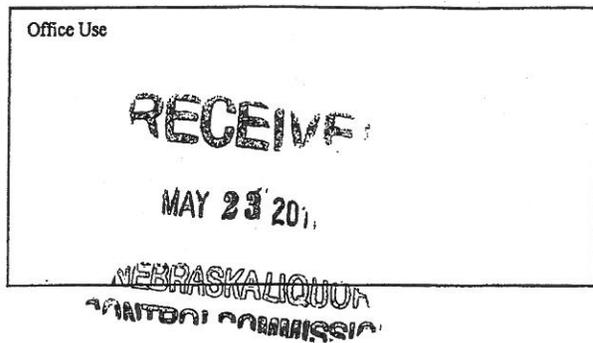
NO

If yes, provide the Federal ID # _____

In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities. A ten day advance period is requested 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



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) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

Corporation/LLC information

Name of Corporation/LLC: Apple Creek Vending, Inc.

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: Sun Valley Lanes

Premise Street Address: 321 Victory Lane

City: Lincoln State: Neb Zip Code: 68528

Premise Phone Number: 402-475-3469

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below


CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

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Manager's information must be completed below PLEASE PRINT CLEARLY

MAY 23 2011

Gender: MALE FEMALE

Last Name: Losito First Name: John

Home Address (include PO Box if applicable): 3530 N 74

City: Lincoln County: Neb Zip Code: 68507

Home Phone Number: 402-467-1319 Business Phone Number: 402-475-3469

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

Date Of Birth: 1 Place Of Birth: Elmira, New York

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: _____ First Name: _____ MI: _____

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

Date Of Birth: _____ Place Of Birth: _____

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

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, Neb	2001	20011			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1994	current	Dean Rasmussen	MAY 23 2011	402-210-7100
2007	current	Sean Dalton		804-398-0552

MANAGER AND SPOUSE MUST REVIEW AND ANSWER THE QUESTIONS BELOW
Please print clearly

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
John Losito	07/2009	Missouri	Speeding	Gilty
John Losito	09/1992	New York	Speeding	Gilty

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.

(Sun Valley Lanes - sorry, I am the manager on file)

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. 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

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NEW YORK STATE DEPARTMENT OF HEALTH
OFFICE OF VITAL RECORDS
ALBANY

NEBRASKALICUOR
ANTON... ..

CERTIFICATE OF BIRTH REGISTRATION

This is to certify that a birth certificate has been filed for

John Alexander Lozito

Born on _____, at City of Elmira, N. Y.
(City, Village, Town)

Son Joseph Anthony Lozito
of Joseph Anthony Lozito
(name of father)

and Marian Elizabeth Hitchcock
(maiden name of mother)

Walter Kelly

Date Filed May 21, 1968

LOCAL REGISTRAR
Chemung County Health Department
Elmira, N. Y.
ADDRESS

ARNOT-OGDEN MEMORIAL HOSPITAL

Elmira, New York



Certificate of Birth

This Certifies that a son John Alexander
was born to Joseph and Marian Hitchcock Lozito
in this Hospital at 2:32 o'clock P. m. on Thurs.
the _____ day of _____ 19 _____

In Witness Whereof the said Hospital has caused this
Certificate to be signed by its duly authorized officer, and
its Official Seal to be hereunto affixed.

Lawrence W. Raderburn