

February 10, 2014

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 Valentino's, 3535 Holdrege Street requesting a class I liquor license.

Anthony Messineo has requested that he be approved as the manager of the liquor license.

Anthony Messineo is a currently approved manager /owner.

The required training was completed on March 14th 2013.

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



PREMISE INFORMATION

Trade Name (doing business as) Valentino's

Street Address #1 3535 Holdrege Suite 100

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68503

Premise Telephone number 402 467-3611 E-mail north@valscorp.com

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

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

Name Valentino's Corporate Office

Street Address #1 2601 South 70th Street

Street Address #2 _____

City Lincoln State NE Zip Code 68506

**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 _____ feet

Width _____ feet

See attached diagram

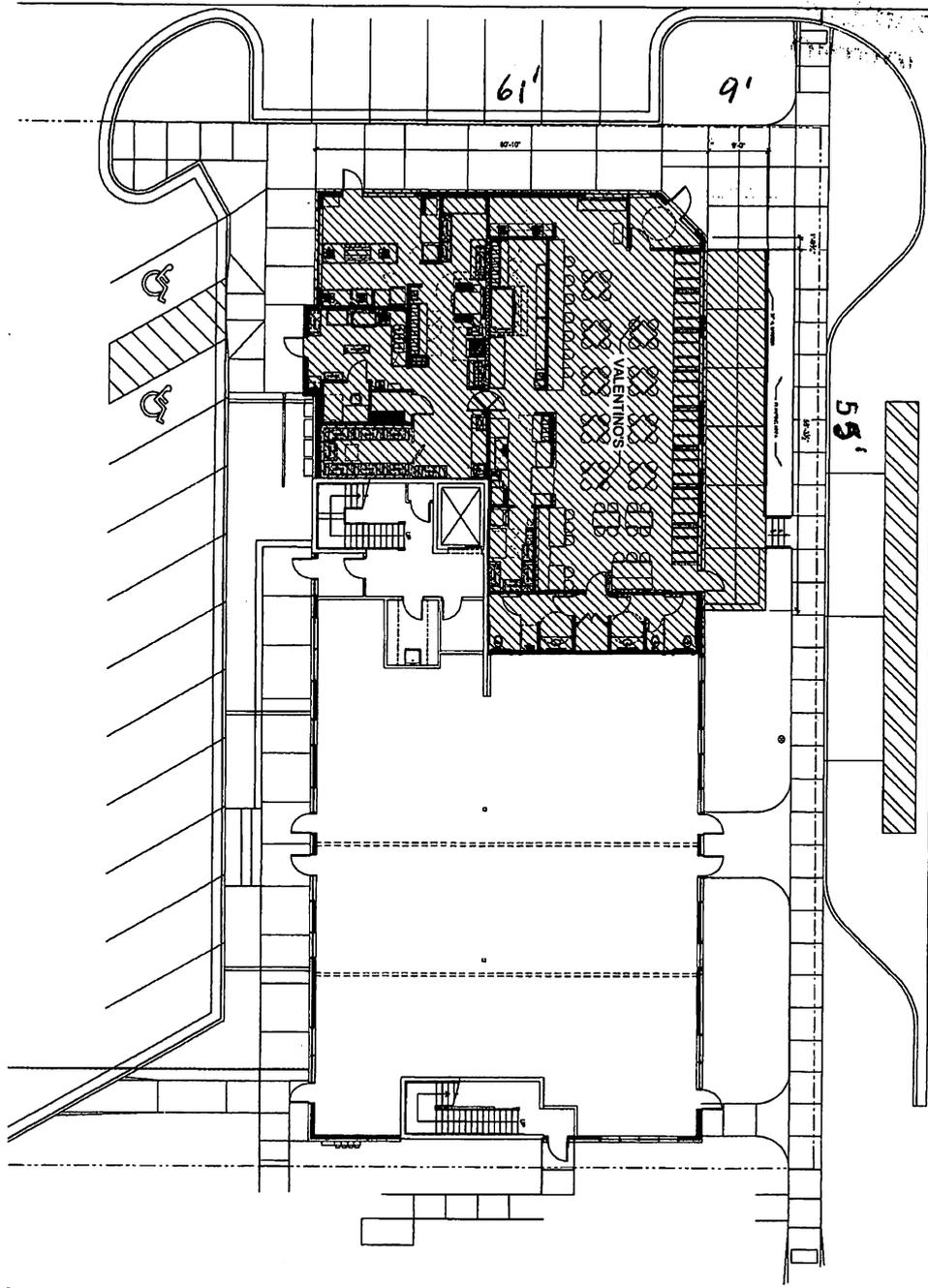
Is there a basement? Yes No

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

RECEIVED
JAN 29 2014
SOUTH DAKOTA
DEPARTMENT OF REVENUE

REVISIONS

JAN 23 2014




PARTIAL SITE PLAN
SCALE: 1/8" = 1'-0"

11

FOODLINE Consultants to the Food Service Industry 209 South 9th Street, Lincoln, NE 68508 Phone 402-475-1787 Fax 402-475-1800	Project No.: 2512 Date: 10.31.13 CONSTRUCTION SET	Partial Engineering 1001 G Street, Suite 310 Lincoln, NE 68508 Phone 402-475-1800	et: Engineering & Technology 1001 G Street, Suite 310 Lincoln, NE 68508 Phone 402-475-1800	CONSULTANTS:
	Valentino's Interior Finish 3513 HOLDREGE STREET LINCOLN NE 68503	SITE PLAN A001	Contract Documents shall be used in conjunction with the Plans. The Plans shall be used in conjunction with the Contract Documents. The Plans shall be used in conjunction with the Contract Documents.	

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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

JAN 29 2014

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

YES NO

If yes, give name of business and liquor license number _____

- 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 _____

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) Anthony O. Messineo, Jr., and A. Michael Alesio

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

Office Use

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

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: A. Michael Alesio

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

Val Limited

Corporation Address: 2601 South 70 Street

City: Lincoln State: NE Zip Code: 68506

Corporation Phone Number: (402) 434-9350 Fax Number (402) 434-9325

Total Number of Corporation Shares Issued: 67,520

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

Last Name: Messineo First Name: Anthony MI: 0.

Home Address: 6730 Park Crest Court City: Lincoln

State: NE Zip Code: 68506 Home Phone Number: (402) 489-0231

Anthony O. Messineo
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster The foregoing instrument was acknowledged before me this

January 20, 2014 by Anthony O. Messineo, Jr.
Date name of person acknowledge

Sharon Bowen

Affix Seal  GENERAL NOTARY - State of Nebraska
SHARON BOWEN
My Comm. Exp. Jan. 18, 2015

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

Last Name: Messineo First Name: Anthony MI: 0

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 55%

Spouse Full Name (indicate N/A if single): Carmen J. Messineo

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Alesio First Name: A. MI: Michael

Social Security Number: _____ Date of Birth: _____

Title: Executive Vice President Number of Shares 45%

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Thomas First Name: Duane MI: L.

Social Security Number: _____ Date of Birth: _____

Title: Secretary/Treasurer Number of Shares -0-

Spouse Full Name (indicate N/A if single): Julaine E. Thomas

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: _____

**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

Office Use

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MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Val Limited

Premise information

Liquor License Number: _____ Class Type _____
(if new application leave blank)

Premise Trade Name/DBA: Valentino's

Premise Street Address: 3535 Holdrege Suite 100

City: Lincoln County: Lancaster Zip Code: 68503

Premise Phone Number: 402 467-3611

Email address: north@vals corp.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi


SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Anthony O. Messineo, Jr.
President

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Messineo First Name: Anthony MI: J

Home Address (include PO Box if applicable): 7535 South Hampton Road

City: Lincoln County: Lancaster Zip Code: 68506

Home Phone Number: 402 489-5587 Business Phone Number: 402 434-9327

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

Date Of Birth: _____ Place Of Birth: Lincoln, NE

Email address: ajmessineo@valscorp.com

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: Messineo First Name: Claudia MI: M

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

Date Of Birth: _____ Place Of Birth: Lincoln, NE

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
7535 S. Hampton Road Lincoln, NE 68506	2001	Present	7535 S. Hampton Road Lincoln, NE 68506	2001	Present

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1995	Present	Valentino's	Tony Messineo	402 434-9370
	Student			

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.

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
Anthony J. Messineo	2-1992	Plattsmouth	Minor in Possession	

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(s):

Anthony J. Messineo - Several Valentino locations in Lincoln and Omaha

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

[Handwritten signature]

JAN 29 2014

[Faint stamp: NEBRASKA LIQUOR CONTROL COMMISSION]

STATE OF NEBRASKA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, IT CERTIFIES THE BELOW TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES, VITAL RECORDS OFFICE, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE OF ISSUANCE

12/08/2010

LINCOLN, NEBRASKA

Stanley S. Cooper
 STANLEY S. COOPER
 ASSISTANT STATE REGISTRAR
 DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE OF NEBRASKA - DEPARTMENT OF HEALTH
 Bureau of Vital Statistics
 CERTIFICATE OF LIVE BIRTH

126-72
 M-250 BIRTH NUMBER

1. CHILD - NAME FIRST MIDDLE LAST Anthony John Messineo			2. DATE OF BIRTH (MONTH, DAY, YEAR) 7 10 1972		3. HOUR 9:30 A.M.
4. SEX Male		5. THIS BIRTH - SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) Single		6. IF NOT SINGLE BIRTH - BORN FIRST, SECOND, THIRD, ETC. (SPECIFY)	
7. CITY, TOWN, OR LOCATION OF BIRTH Lincoln, Nebr.			8. HOSPITAL - NAME Bryan Memorial Hospital		9. COUNTY OF BIRTH Lancaster
10. MOTHER - MAIDEN NAME FIRST MIDDLE LAST Carmen Josephine Monaco			11. AGE (AT TIME OF THIS BIRTH) 30		12. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Omaha, Nebr.
13. RESIDENCE - STATE Nebr.		14. COUNTY Lancaster		15. CITY, TOWN, OR LOCATION, zip code Lincoln 68510	
16. FATHER - NAME FIRST MIDDLE LAST Anthony Onofrio Messineo			17. AGE (AT TIME OF THIS BIRTH) 31		18. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebr.
19. INFORMANT - NAME OR SIGNATURE Carmen Josephine Messineo					20. RELATION TO CHILD Mother
21. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE.			22. DATE SIGNED (MONTH, DAY, YEAR) 7-6-72		23. ATTENDANT - M.D., D.O., OTHER (SPECIFY) M.D.
24. SIGNATURE CERTIFIER - NAME <i>J. W. Ballery</i>			25. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 1701 11th Street Lincoln Nebr		26. DATE RECEIVED BY LOCAL REGISTRAR MONTH DAY YEAR JUL 10 1972
27. REGISTRAR - SIGNATURE <i>J. W. Ballery</i>			28. 110		

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JAN 29 2014

NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
 VITAL RECORDS COMMISSION