

October 12, 2015

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 JeSaChTo, Inc., DBA barVino, 2801 Pine Lake Road, Suite H, requesting a class C-115378 liquor license.

Jennifer Tomka is requesting that she be approved as the manager of the liquor license.

Ms. Tomka has not yet completed the required management training. She is scheduled to attend the training on November 12, 2015.

JeSaChTo, Inc. Corporate Officers/Stockholders/Members:

Member 1: Jennifer Tomka – President, 100%

The requested area to be licensed includes an indoor space plus a detached outdoor patio space that is not contiguous with the building. The two spaces are separated by a quasi-public sidewalk that is located directly in front of the door to the establishment. Under Nebraska Revised Statutes, Chapter 53-125: Classes of persons to whom no license issued, “No license of any kind shall be issued to...(12) a person who does not own the premises for which a license is sought or does not have a lease or combination of leases on such premises for the full period for which the license is to be issued.” JeSaChTo, Inc. does not own or have a lease for the quasi-public sidewalk. It is owned by South Ridge Village, LLC. This disqualifies the application from being approved as is. Ms. Tomka indicated she had obtained an “easement” for this sidewalk space, however, there would not be any fencing or other barrier barring the general public from entering and exiting through the proposed space. South Ridge Village is an open air mall with high pedestrian traffic.



Jennifer Tomka's criminal and driver history is as follows:

VIOLATE SPEED LIMIT 6-10 MPH OVER (Lancaster Co/LPD)

Disposition: 7-18-2013, found guilty, fined \$25

DRIVING UNDER THE INFLUENCE/1ST OFF (Lancaster Co/LPD)

Disposition: 2-10-2010, found guilty, fined \$400/6 mos. license suspension

VIOLATE SPEED LIMIT 6-10 MPH OVER (Lancaster Co/LPD)

Disposition: 11-8-2006, found guilty, fined \$25

VIOLATE SPEED LIMIT 6-10 MPH OVER (Lancaster Co/LPD)

Disposition: 4-4-2006, found guilty, fined \$25

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

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APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL

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.nebraska.gov

SEP 29 2015	
NEBRASKA LIQUOR CONTROL COMMISSION	
Hot List: YES / NO	New/Replacing #
Class Type <u>C</u>	L 115378 <small>initial <u>MP</u></small>

Applicant name JeSaChTo, Inc., by Jennifer M. Tomka

Trade name barVino

Previous trade name _____

Contact email address _____

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting applica

RECEIPT	DATE <u>9-29-15</u> No. <u>168539</u>
	FROM <u>BarVino</u>
	FOR <u>New App - BarVino</u>
	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHECK # <u>107</u> \$400.00 <input type="checkbox"/> MONEY# _____ ORDER Received by <u>Michelle Porter</u>

Office use only	PAYMENT TYPE: <u>CK #107</u>
	AMOUNT: <u>\$400.00</u>
	Received: <u>MP</u>



Rec #168539

RECEIVED
MP

Jennifer Tomka

1. OK Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application. *left card @ patrol*

2. OK Enclose application fee of \$400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at www.ne.gov/go/NLCCpayport.

3. OK Enclose the appropriate application forms;
Individual License (requires insert form 1)
Partnership License (requires insert form 2)
Corporate License (requires insert form 3a & 3c)
Limited Liability Company (LLC) (requires form 3b & 3c)

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4. OK If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual, corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.

5. n/a If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. n/a If buying the business of a current liquor license holder:
a. Provide a copy of the purchase agreement from the seller (must read applicants name)
b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)

7. n/a If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).

8. n/a Enclose a list of any inventory or property owned by other parties that are on the premises.

9. OK For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
a. For residency enclose proof of registered voter in Nebraska *on way*
b. See guideline for further assistance <http://www.lcc.nebraska.gov/brochures.html>

10. OK Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

11. OK Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Signature

Date

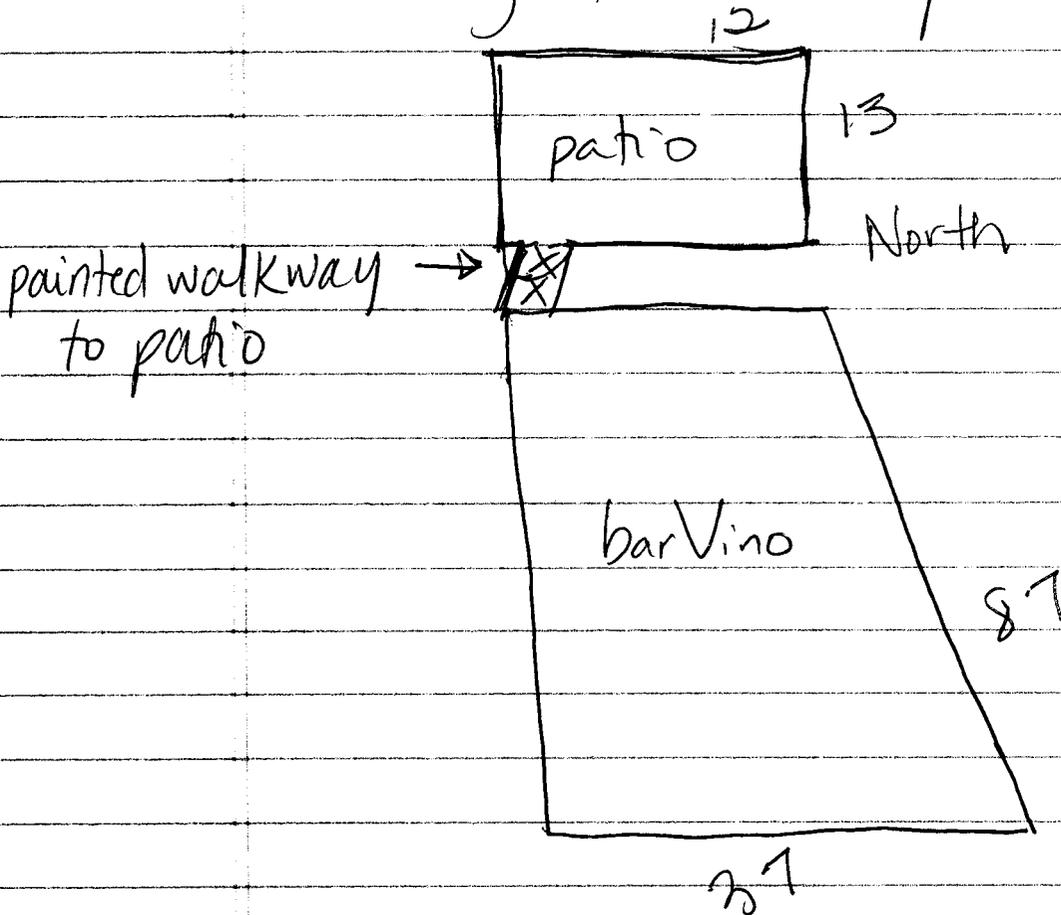
*comm date/lease
waiver request*

Request for Waiver - barVino (TeSaChTo, Inc.)

- Requesting a waiver for non-continuous sidewalk crossing into ~~enclosed~~ fenced in patio.

Sidewalk cannot be enclosed or fenced due to fact it would block sidewalk from public passage

The sidewalk area from door to patio gate will be painted and designated as only way patrons can go to enter patio.



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NEBRASKA LIQUOR
CONTROL COMMISSION

**SUBMISSION OF FINGERPRINTS /
PAYMENT OF FEES TO NSP-CID**

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.nebraska.gov

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SEP 29 2015	
NEBRASKA LIQUOR CONTROL COMMISSION Office Use Only	
Class: _____	License #: _____

Applicant Name: **JeSaChTo, Inc., by Jennifer M. Tomka**

(Corporation, LLC, Partnership or Individual)

Trade Name: **barVino**

(Doing Business As)

(402) 525 - 1572

Phone Number

jtomka@barvinolincoln.com

Contact E-mail Address

DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- See New Application Requirement Guide for listing of Fingerprint Requirements, found on our website under "Licensing" tab in "Brochures".
- Fingerprints taken at NSP locations will be forwarded to NSP – CID;
Applicant(s) will not have cards to include with license application.
- Fingerprints taken at local law enforcement offices will be released to the applicants;
Fingerprint cards should be submitted with the application.
- Fee payment of **\$28.75 per person** must be made directly to the NSP;
You may submit the payment through the NSP PayPort online system at www.ne.gov/go/nsp
or checks made payable to NSP should be mailed directly to the following address:
The Nebraska State Patrol – CID Division
3800 NW 12th Street
Lincoln, NE 68521
- **DO NOT** send fee payments to the NLCC – fees **MUST** be paid directly to NSP;
Include a list of names covered by your payment to insure proper application of payment.
- This completed form **MUST** be included with your Liquor License Application and/or Manager Application or Changes to: Corporate Officers or Stockholders, LLC Members, Partners or Addition of Spouse where new fingerprint cards are required (see New Application Requirement Guide).
- Fingerprints are not required for spouses that have no involvement with business - Spousal Affidavit of Non Participation (Form 116) is required in lieu of fingerprints.

Please complete information on the following pages for EACH person fingerprinted.

1. Name: Jennifer M. Tomka Title: Owner/Mgr

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

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2. Name: _____ Title: _____ SEP 29 2015

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

NEBRASKA LIQUOR
CONTROL COMMISSION

3. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

4. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

5. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

6. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

7. Name: _____ Title: _____

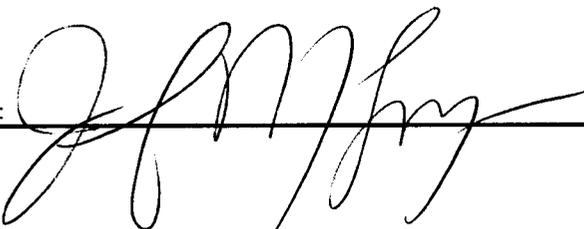
How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

8. Name: _____ Title: _____

How was payment made to NSP? NSP PAYPORT CHECK SENT TO NSP

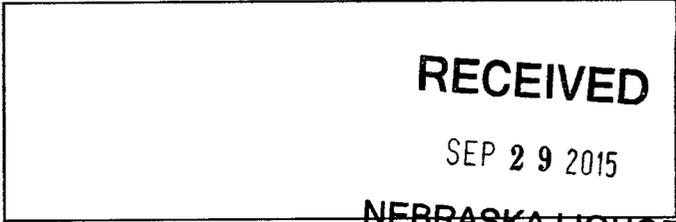
I hereby certify that fees of \$28.75 per person have been submitted directly to the Nebraska State Patrol – CID office. The undersigned certifies on behalf of the Corporation, LLC, Partnership or Licensee that it is understood that a misrepresentation of fact is cause for rejection of this application or suspension, cancellation or revocation of any license issued.

Name (Print): Jennifer M. Tomka Title: Owner/Mgr

Signature:  Date: 9/28/15

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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NEBRASKA LIQUOR
CONTROL COMMISSION

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

- Application Fee \$400 (nonrefundable)
- A BEER, ON SALE ONLY
 - B BEER, OFF SALE ONLY
 - C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
 - D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
 - I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
 - AB BEER, ON AND OFF SALE
 - AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
 - IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)

Commission will call this person with any questions we may have on this application

Name Jen Tomka Phone number: 402.525.1572
Firm Name Armen Law

PREMISES INFORMATION

Trade Name (doing business as) barVino

Street Address #1 2801 Pine Lake Rd., Suite H

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68516

Premises Telephone number 402.525.1572

Business e-mail address jtomka@barvinolincoln.com

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

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

Name Jennifer M. Tomka

Street Address #1 7655 Brummond Dr.

Street Address #2 _____

City Lincoln State NE Zip Code 68516

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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.**

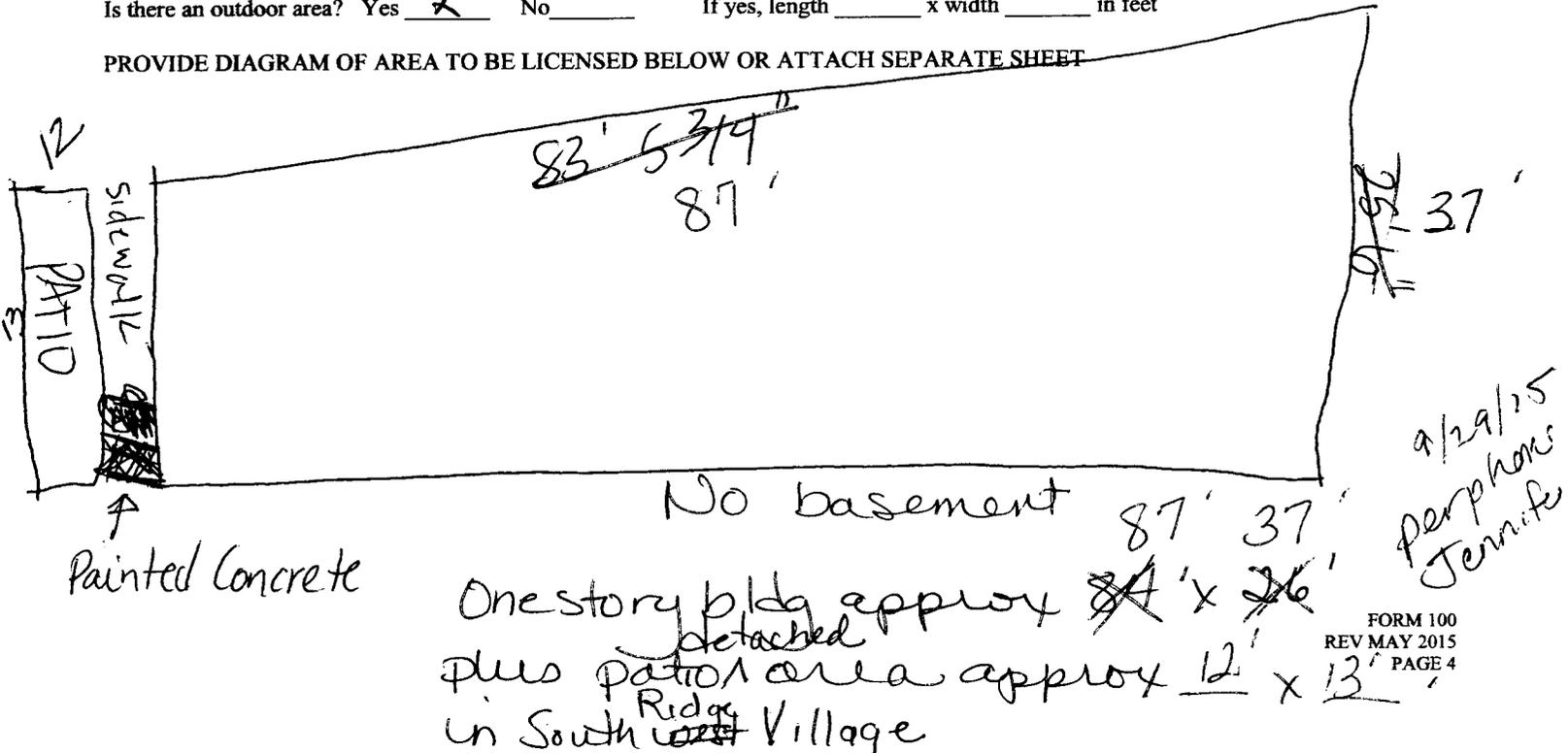
****For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 83' 5 3/4" x width 25' 6" in feet

Is there a basement? Yes _____ No X If yes, length _____ x width _____ in feet

Is there an outdoor area? Yes X No _____ If yes, length _____ x width _____ in feet

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



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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. **Include traffic violations.** Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

XX 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
Jennifer Tomka	02/2010	Lincoln, NE	DUI	7 days house arrest, 6 mos revocation, \$500 fine
Jennifer Tomka	04/2006	Lincoln, NE	speeding	\$25 fine
Jennifer Tomka	10/2006	Lincoln, NE	speeding	\$25 fine
Jennifer Tomka	07/2013	Lincoln, NE	speeding	\$25 fine
Jennifer Tomka	Previous 20+years	Various	speeding	fines or dismissed

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

_____ YES **XX** _____ 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

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

_____ YES **XX** _____ NO

If yes, give name and license number _____

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NEBRASKA LIQUOR CONTROL COMMISSION

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

_____ YES **XX** _____ NO

If yes:

- a) Attach temporary operating permit (TOP) (form 125)
- b) TOP 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) First National Bank of Omaha

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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.

8. Is premises 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.

First National Bank - Omaha....a) Jennifer M. Tomka

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.

none

Needs training

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:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

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For list of NLCC certified training programs see: www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
Jennifer Tomka - Server or Manager	1980-2005	Various restaurants, including Chuckwagon in Chadron, NE; Olive Garden in Washington, D.C.; Luckie's Lounge, Lincoln, NE

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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.**

xx Lease: expiration date _____
 Deed
 Purchase Agreement

14. When do you intend to open for business? As soon as ready - estimated Nov 15 to Dec 1, 2015

15. What will be the main nature of business? Wine Bar serving appetizers

16. What are the anticipated hours of operation? M - closed; T, W - 2-10; Th, Sun - 2-11; F, Sat - 2-12 a.m.

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 NE	1999	present			

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). See guideline for required signatures <http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf>

Jennifer M. Tomka

 Signature of Applicant

 Jennifer M. Tomka

 Print Name

 Signature of Spouse

 Print Name

 Signature of Applicant

 Print Name

 Signature of Spouse

 Print Name

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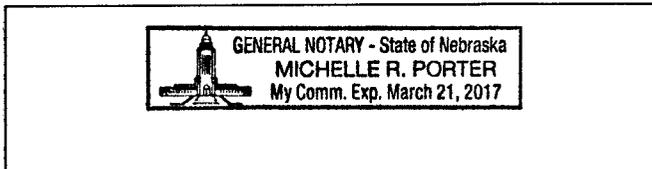
ACKNOWLEDGEMENT

State of Nebraska
 County of Lancaster
September 29, 2015 by _____
date
Michelle Porter

 Notary Public signature

The foregoing instrument was acknowledged before me this
Jennifer M. Tomka

 name of person(s) acknowledged (individual(s) signing)



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.

**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.nebraska.gov

Office Use

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CONTROL COMMISSION

Manager must:

- Complete all sections of the application. Be sure it is signed by a **corporate officer**, corporate officer must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card with application

Spouse who will not participate in the business, spouse must:

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who will participate in the business, the spouse must:

- Sign the application
- Fingerprints are required. See Form 147 for further information, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

**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.nebraska.gov

Office Use

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CONTROL COMMISSION

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. See Form 147 for further information, this form **MUST** be included with your application.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: JeSaChTo, Inc.

Premise information

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

Premise Trade Name/DBA: barVino

Premise Street Address: 2801 Pine Lake Rd., Suite H

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 4025251572

Email address: jtomka@barvinolincoln.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)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Tomka First Name: Jennifer MI: M
 Home Address (include PO Box if applicable): 7655 Brummond Dr.
 City: Lincoln County: Lancaster Zip Code: 68516
 Home Phone Number: 402.525.1572 Business Phone Number: same
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Chadron, NE
 Email address: jtomka@barvinolincoln.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: _____ First Name: _____
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: _____

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NEBRASKA LIQUOR CONTROL COMMISSION

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, NE	1999	present			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2008	2015	Boucher Law Firm	Richard Boucher	402.475.3865
1999	2008	Nebraska AG office	Tom Stine	402.471.3833

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
Jennifer Tomka	02/2010	Lincoln, NE	DUI	7 days house arrest, 6 moe revocation, \$500 fine
Jennifer Tomka	07/2013	Lincoln, NE	Speeding	\$25 fine
Jennifer Tomka	10/2006	Lincoln, NE	Speeding	\$25 fine
Jennifer Tomka	04/2006	Lincoln, NE	Speeding	\$25 fine
Jennifer Tomka	Past 20 years	Various	Speeding	fines or dismissed

2. Have you or your spouse ever been approved or made application for a liquor license in this state or any other state?

YES NO

IF YES, list the name of the premise(s):

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NEBRASKA LIQUOR CONTROL COMMISSION

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

Needs training

4. List the alcohol related training and/or experience (when and where) of the person making application.

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*NLCC Training Certificate Issued: _____ Name on Certificate: _____ ~~SEP 29 2015~~

NEBRASKA LIQUOR CONTROL COMMISSION

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)

*For list of NLCC Certified Training Programs see www.lcc.ne.gov/traininginfo.html

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
Jennifer Tomka/server or manager	1980-2005	Various restaurants, including Chuckwagon in Chadron, NE; Olive Garden in Washington, D.C.; Ludlow's Lounge, Lincoln, NE

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

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.

[Handwritten Signature]
Signature of Manager Applicant

[Handwritten Signature]
Signature of Spouse

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NEBRASKA LIQUOR CONTROL COMMISSION

ACKNOWLEDGEMENT

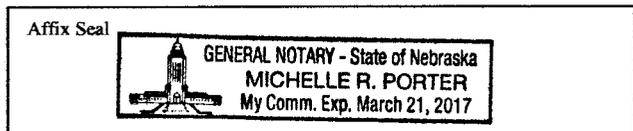
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

September 29, 2015
date

Jennifer M. Tomka
name of person acknowledged

[Handwritten Signature]
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.nebraska.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. See Form 147 for further information, this form MUST be included with your application.
- 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 (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: Jennifer M. Tomka

Name of Corporation that will hold license as listed on the Articles
JeSaChTo, Inc. # 10207414

Corporation Address: 7655 Brummond Dr

City: Lincoln State: NE Zip Code: 68516

Corporation Phone Number: 402.525.1572 Fax Number 402.858.9395

Total Number of Corporation Shares Issued: 100

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

Last Name: Tomka First Name: Jennifer MI: M

Home Address: 7655 Brummond Dr City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402.525.1572

[Handwritten Signature]
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lincoln The foregoing instrument was acknowledged before me this
September 29, 2015 by Jennifer M. Tomka
Date name of person acknowledge

Michelle Porter

Affix Seal
GENERAL NOTARY - State of Nebraska
MICHELLE R. PORTER
My Comm. Exp. March 21, 2017

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

Last Name: Tomka First Name: Jennifer MI: M

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 100

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

Spouse Social Security Number: _____ Date of Birth: _____

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CONTROL COMMISSION

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: _____

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?

YES

NO

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

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NEBRASKA LIQUOR CONTROL COMMISSION

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

Starting Date: January 1 Ending Date: December 31

Is this a Non-Profit Corporation?

YES

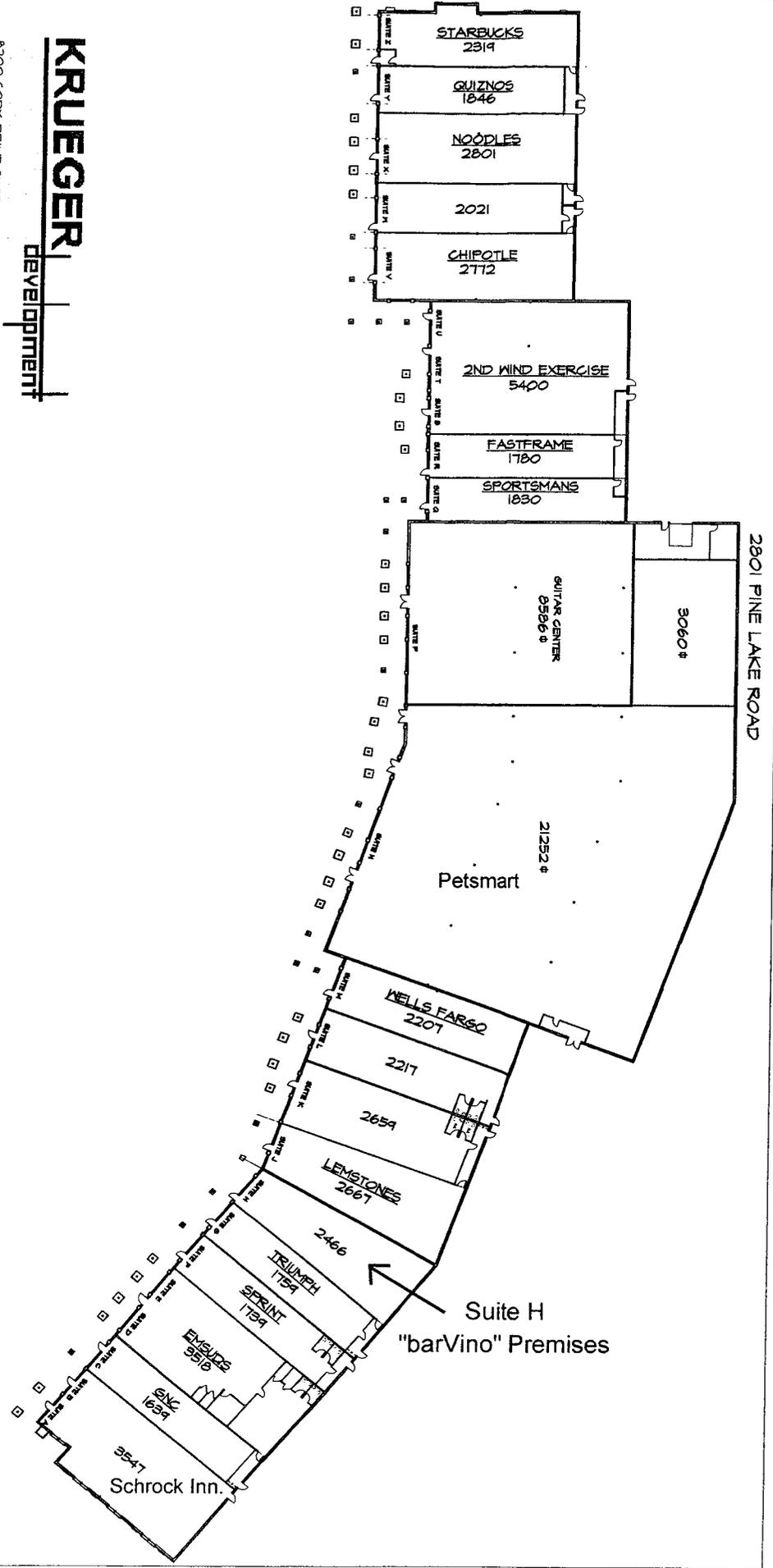
NO

If yes, provide the Federal ID # _____

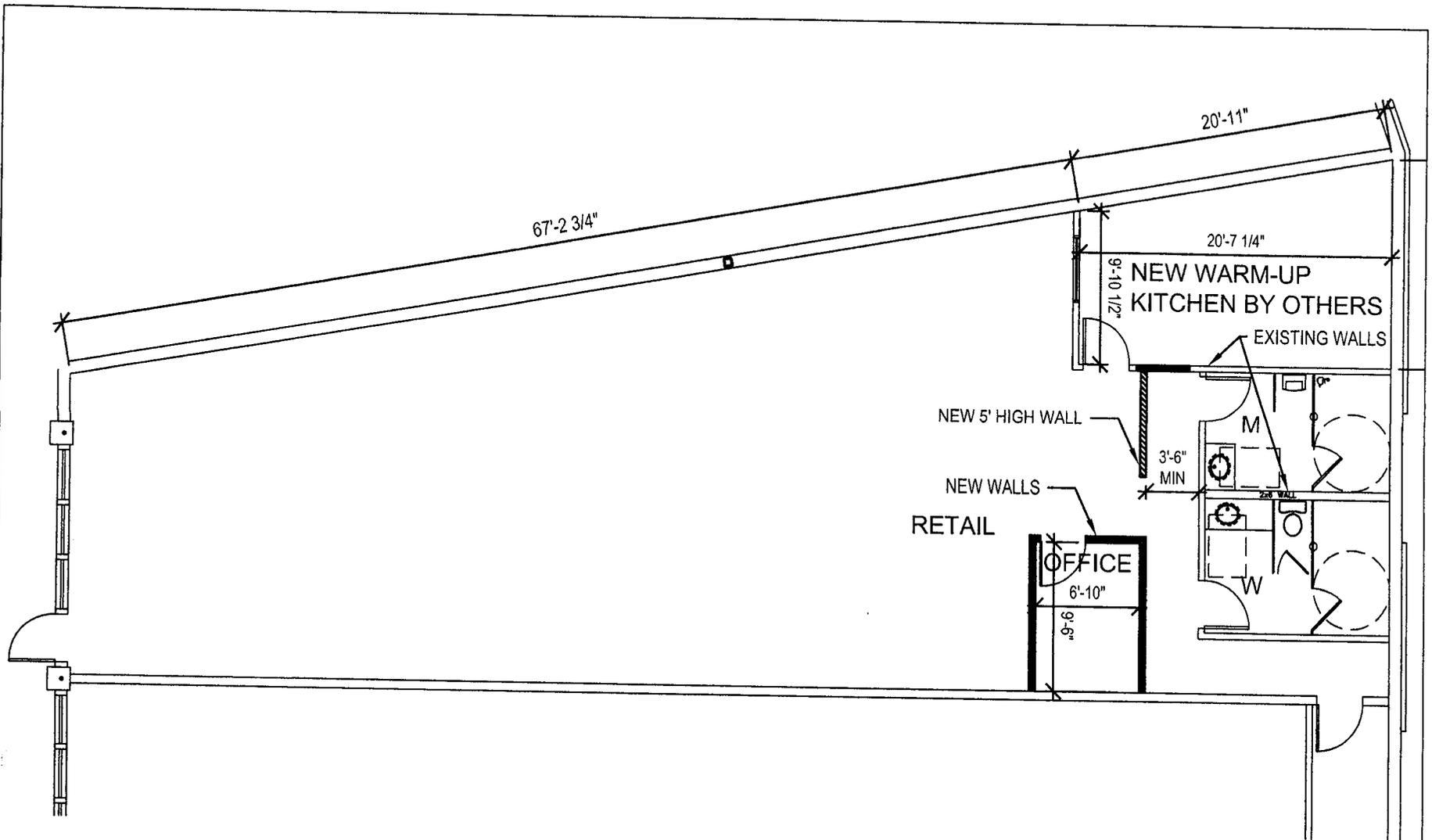
In compliance with the ADA, this corporation insert form 3a is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

8200 CODY DRIVE SUITE F
LINCOLN, NE 68512
(402) 423-1377
www.kruegerdevelopment.com

KRUEGER Development



Suite H
"barVino" Premises

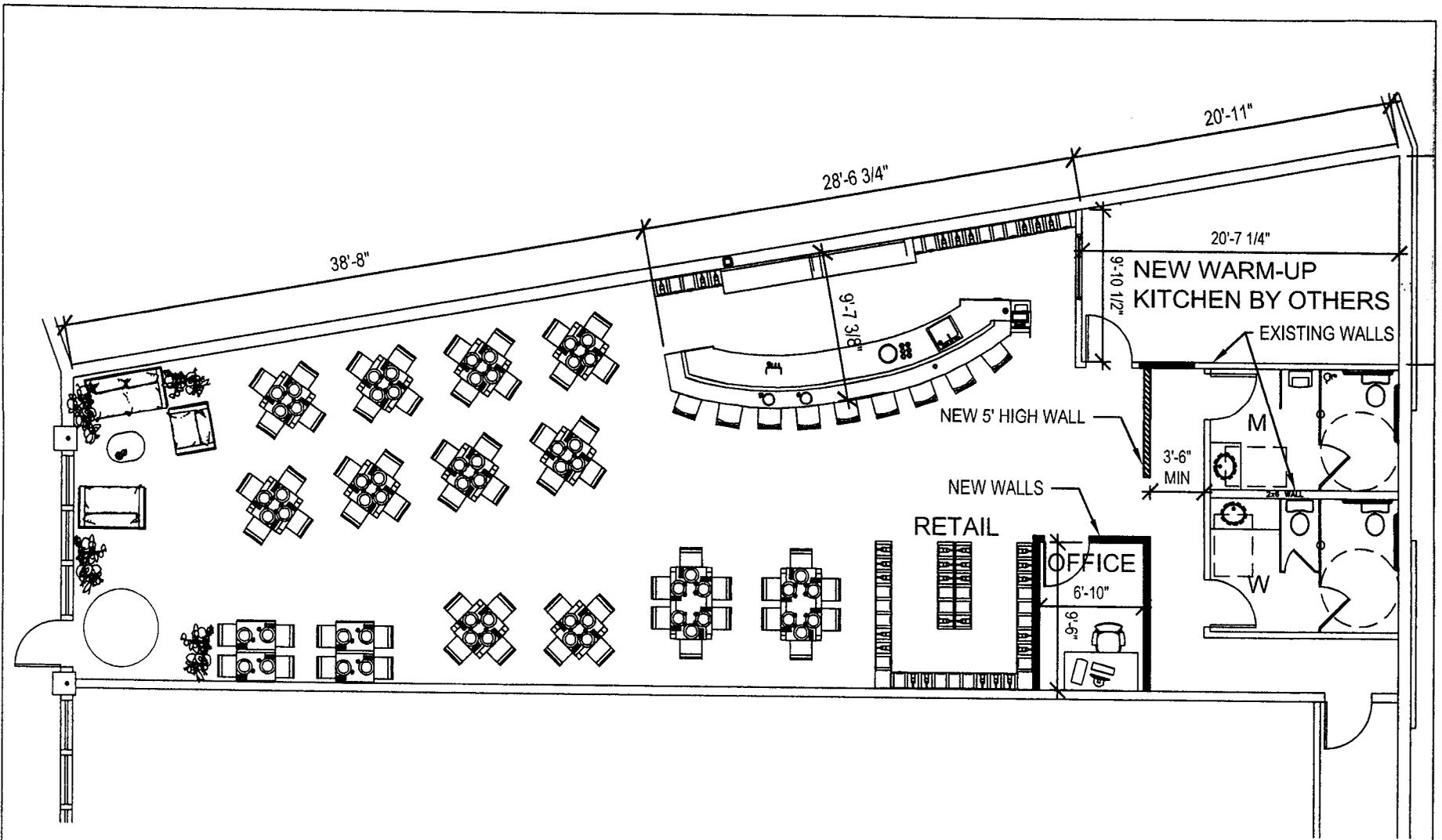


SCALE: 0 1' 3' 7'

SHEET A1	BARVINO SUITE H
	PROPOSED FLOOR LAYOUT DATE: 2015.07.13

KRUEGER
development

8200 CODY DRIVE SUITE F, LINCOLN, NE 68512
 PHONE: (402) 423-7377 ; FAX: (402) 423-0536
 EMAIL: SSUHOFF@KRUEGERDEVELOPMENT.COM



SCALE: 0 1' 3' 7'

SHEET A2	BARVINO SUITE H
	PROPOSED FLOOR LAYOUT DATE: 2015.07.13

KRUEGER
development

8200 CODY DRIVE SUITE F, LINCOLN, NE 68512
PHONE: (402) 423-7377 ; FAX: (402) 423-0536
EMAIL: SSUHOFF@KRUEGERDEVELOPMENT.COM