

March 8, 2016

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 Val Limited, DBA Valentino's, 2820 Pine Lake Road, Suite 1, requesting a class C-116894 liquor license. This is new restaurant located at SouthPointe Pavilions.

Michael S. Messineo is requesting that he be approved as the manager of the liquor license. Mr. Messineo is currently the approved liquor license manager at Valentino's, located at 2701 S 70th St. He completed the required alcohol management training on March 12, 2015.

Val Limited Corporate Officers/Stockholders/Members:

Member 1: Anthony O. Messineo, Jr. – President (55%)
Member 2: A. Michael Alesio – V.P. (45%)
Member 3: Duane L. Thomas – Sec/Tres

Current liquor licenses:

Valentino's – 3535 Holdrege St. Suite 100
Valentino's – 2701 S 70th St
On the Go – 5240 S 48th St
Lincoln Station Great Hall – 201 N 7th St, Suite 100

No areas of concern were found.

The applications are included for your review.

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.



BRIAN JACKSON, Interim Chief of Police



**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

RECEIVED FEB 26 2016 NEBRASKA LIQUOR CONTROL COMMISSION		
Hot List: YES (NO)	New/Replacing #	
Class Type <u>C</u>	116894	Initial <u>mp</u>

Applicant name Val Limited

Trade name Valentino's

Previous trade name N/A

Contact email address sbowen@valscorp.com

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 application to the Nebraska Liquor Control Commission.

Office use only	PAYMENT TYPE <u>CK 83047</u>
	AMOUNT: <u>400</u>
	Received: <u>jm</u>

 1600003945
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✓ Michael Messineo
 ✓ Anthony Messineo ✓ Anthony Alessio
 aff. dant
 Chaura Messineo
 Carmen Messineo - affidavit

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.
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)
4. OK If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.
5. NA If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant. *Need address / comm. lease*
6. NA 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. NA If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).
8. NA 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
 - 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. *Valentino's is an Italian food restaurant with service of alcohol*

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.

Sharon Bowen
Signature

2-25-16
Date

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 CONTROL COMMISSION

Anthony - legal name / sig
 Alessio
 desc.

**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
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NEBRASKA LIQUOR	
Class: <u>C</u>	License # <u>CONTROL#COMMISSION</u>

Applicant Name: Val Limited
(Corporation, LLC, Partnership or Individual)

MP

Trade Name: Valentino's
(Doing Business As)

() 402 - 434-9350
Phone Number

sbowen@valscorp.com
Contact E-mail Address

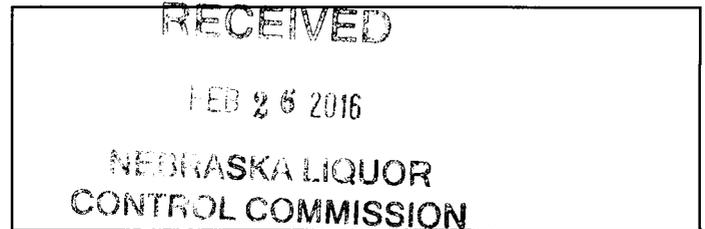
DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:

- 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.

**APPLICATION FOR LIQUOR LICENSE
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/



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

RETAIL LICENSE(S)

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)

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

Name Sharon Bowen Phone number: 402 434-9365

Firm Name (Secretary at Val Limited Office)

PREMISES INFORMATION

Trade Name (doing business as) Valentino's

Street Address #1 2820 Pine Lake Road Suite 1

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68516

Premises Telephone number 402 420-6800

Business e-mail address PineLake@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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length _____ x width _____ in feet
Is there a basement? Yes _____ No _____ If yes, length _____ x width _____ in feet
Is there an outdoor area? Yes _____ No _____ If yes, length _____ x width _____ in feet

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

See attached sheet

RECEIVED

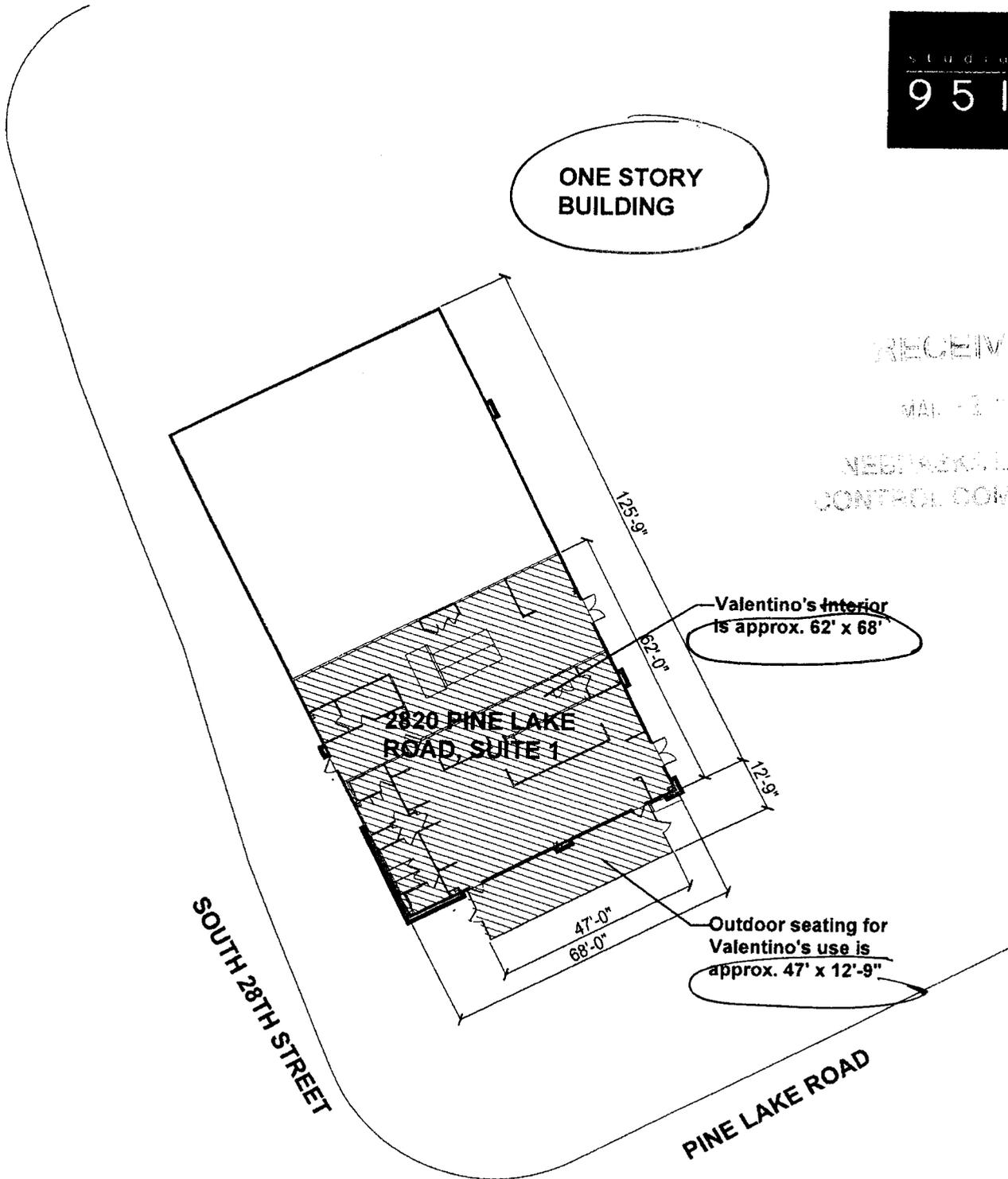
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NEBRASKA LIQUOR CONTROL COMMISSION



ONE STORY BUILDING

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MAR 1 2016
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One story bldg approx 62' x 68'
plus outdoor area approx 47' x 13'

 NORTH
SITE PLAN
1"=24.0'

Valentino's Southpointe

LINCOLN, NEBRASKA

2016.03.01

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.

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

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CONTROL COMMISSION

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 (TOP) to operate during the application process?

YES 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) Frontier Bank, Lincoln, NE

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

NEBRASKA LIQUOR
CONTROL COMMISSION

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. Fixtures owned by R.E.D. Capital Management LLC
Furniture & Equipment owned by Val Limited (Valentino's)

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.

Frontier Bank Lincoln, NE (8380 Glynoaks Dr) 68516

Anthony O. Messineo, Jr. A. Michael Alesio Duane L. Thomas

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.

PRESENT

5022 South 108, Omaha
MESAL - On the Go, Lincoln
10190 Maple, Omaha
2701 S. 70th, Lincoln
Premier Catering - Train Station
7202 Giles Road, La Vista
3535 Holdrege, Lincoln (Ste 100)

OLD - NON-EXISTENT

Florence Nebraska
Des Moines, Iowa
Albuquerque, NM
Nebraska City, NE
Omaha 8429 Center
Bellevue 1301 Ft Crook Road
Grand Island
232 N. 13, Lincoln
2505 S. 132, Omaha
3457 Holdrege, Lincoln

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)
Anthony O. Messineo Jr.	(Past training with many years of experience)	
A. Michael Alesio	(Past training with many years of experience)	

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
		RECEIVED
		FEB 26 2016
		NEBRASKA LIQUOR CONTROL COMMISSION

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 10 years from date of lease (October 12, 2015)
 Deed _____
 Purchase Agreement _____

14. When do you intend to open for business? first of May 2016

15. What will be the main nature of business? Selling of Italian food

16. What are the anticipated hours of operation? 11 A.M. to Midnight

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
Anthony O. Messineo, Jr. 6730 Park Crest Court, Lincoln, NE 68506	2001	Present	Carmen Messineo 6730 Park Crest Court, Lincoln, NE 68506	2001	Present
A. Michael Alesio 6007 South 88th, Lincoln, NE 68526	2002	Present	(Widower)		

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>

Anthony O. Messineo, Jr.
Signature of Applicant
Anthony O. Messineo, Jr.
Print Name

Carmen J. Messineo
Signature of Spouse
Carmen J. Messineo
Print Name

A. Michael Alesio
Signature of Applicant
A. Michael Alesio
Print Name

Signature of Spouse
(Widower)
Print Name

See attached

ACKNOWLEDGEMENT

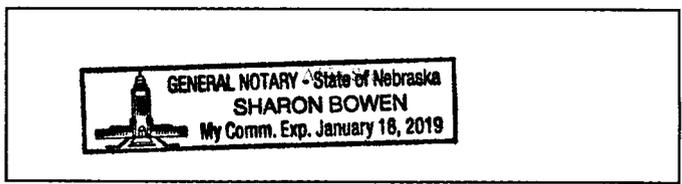
State of Nebraska Lancaster
County of _____

The foregoing instrument was acknowledged before me this

February 25, 2016
date

by Anthony O. Messineo, Jr., Carmen J. Messineo and A. Michael Alesio
name of person(s) acknowledged (individual(s) signing)

Sharon Bowen
Notary Public signature



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NEBRASKA LIQUOR
CONTROL COMMISSION

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>

Signature of Applicant

Signature of Spouse

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MAR -1 2016

Print Name

Print Name

NEBRASKA LIQUOR CONTROL COMMISSION

Anthony Michael Alesio
Signature of Applicant

Signature of Spouse

Anthony Michael Alesio
Print Name

Print Name

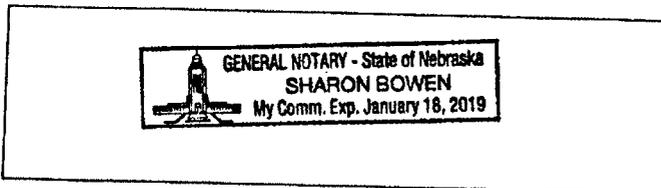
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

1st day of March 2016
date

The foregoing instrument was acknowledged before me this
by Anthony Michael Alesio
name of person(s) acknowledged (individual(s) signing)

Sharon Bowen
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.

**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

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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:**

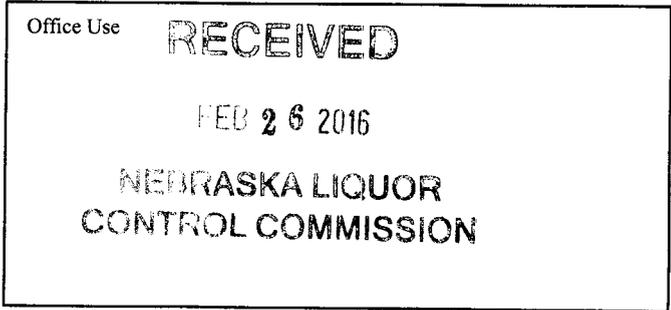
- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

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



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: Val Limited

Premise information

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

Premise Trade Name/DBA: Valentino's

Premise Street Address: 2820 Pine Lake Road Suite 1

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 402 420-6800

Email address: PineLake@valscorp.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

A handwritten signature in black ink, appearing to read "Anthony O. Messineo, Jr.".

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable) Anthony O. Messineo, Jr., Pres.

Manager's information must be completed below PLEASE PRINT CLEARLY

Prints

Last Name: Messineo First Name: Michael MI: S

Home Address (include PO Box if applicable): 3556 Potomac Lane

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402 328-8550 Business Phone Number: 402 434-9350

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

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

Email address: michaelm@valscorp.com

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

YES

NO

Spouse's information

Affidavit

Spouses Last Name: Messineo First Name: Laura MI: R

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

Date Of Birth: _____ Place Of Birth: Schuyler, 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
Lincoln Nebraska	1999	Present	Lincoln Nebraska	1999	Present

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NEBRASKA LIQUOR CONTROL COMMISSION

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1991	Present	Val Limited	Anthony O. Messineo, Jr.	402 434-9350

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

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NEBRASKA LIQUOR
CONTROL COMMISSION

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):

Other Valentino Restaurants

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

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

attached ✓

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Michael S. Messineo	3-12-15 ✓	Responsible Hospitality Council Management Training (See attached)

*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:

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CONTROL COMMISSION

5. Have you enclosed Form 147 regarding fingerprints?

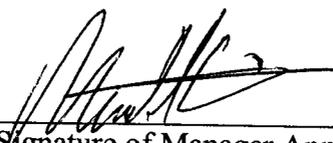
YES NO

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.



Signature of Manager Applicant
Michael S. Messineo



Signature of Spouse
Laura R. Messineo

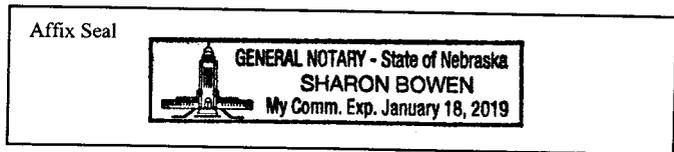
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

February 25, 2016
date

The foregoing instrument was acknowledged before me this
by Michael S. Messineo and Laura R. Messineo
name of person acknowledged

Sharon Bowen
Notary Public signature



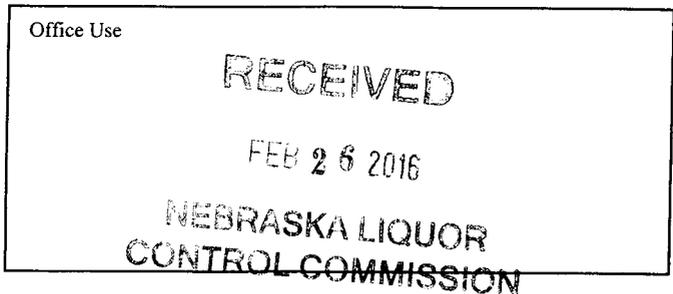
RECEIVED

FEB 26 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

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



I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Laura R. Messineo
Signature of spouse asking for waiver
(Spouse of individual listed below)

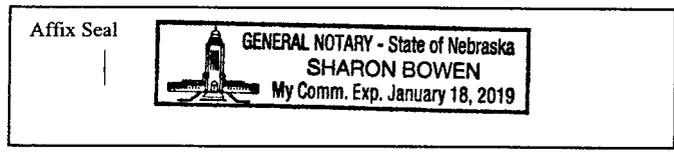
↓
Laura R. Messineo
Printed name of spouse asking for waiver

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this
Laura R. Messineo
by _____
name of person acknowledged

February 25, 2016
date

Sharon Bowen
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Michael S. Messineo
Signature of individual involved with application
(Spouse of individual listed above)

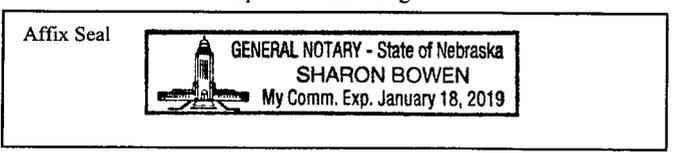
↓
Michael S. Messineo
Printed name of applying individual

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this
Michael S. Messineo
by _____
name of person acknowledged

February 25, 2016
date

Sharon Bowen
Notary Public signature



In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities. A ten day advance period is requested 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
RECEIVED
FEB 26 2016

**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

Name of Registered Agent: A. Michael Alesio

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

Val Limited # 0421383

Corporation Address: 2601 South 70th 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. (Jr.)

Home Address: 6730 Park Crest Court City: Lincoln

State: Nebraska Zip Code: 68506 Home Phone Number: 402 489-0231

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

by Anthony O. Messineo Jr
name of person/acknowledge

February 25, 2016
Date

Sharon Bowen

Affix Seal

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: O. (Jr.)

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 55% 37,136
Spouse Full Name (indicate N/A if single): Carmen J. Messineo Affidavit

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Alesio First Name: Anthony MI: Michael

Social Security Number: _____ Date of Birth: _____

Title: Executive Vice President Number of Shares 45% 30,384

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

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 NONE

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: _____

RECEIVED

FEB 26 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, complete controlling corporation insert form 185

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 # _____

RECEIVED

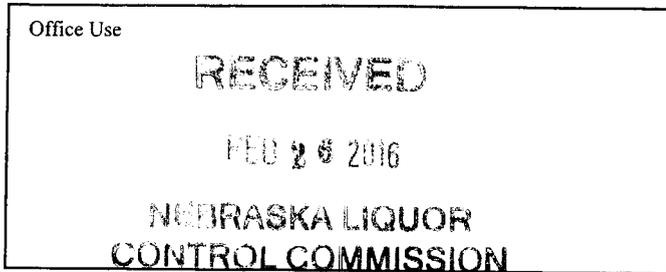
FEB 26 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

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.

**SPOUSAL AFFIDAVIT OF
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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Carmen J. Messineo
Signature of spouse asking for waiver
(Spouse of individual listed below)

Carmen J. Messineo
Printed name of spouse asking for waiver

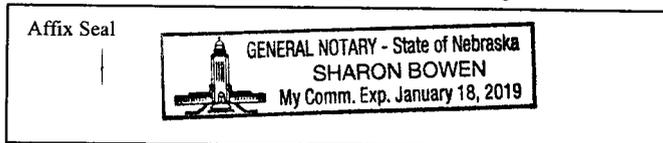
State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

February 25, 2016 by Carmen J. Messineo
date name of person acknowledged

Sharon Bowen
Notary Public signature



I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Anthony O. Messineo, Jr.
Signature of individual involved with application
(Spouse of individual listed above)

Anthony O. Messineo, Jr.
Printed name of applying individual

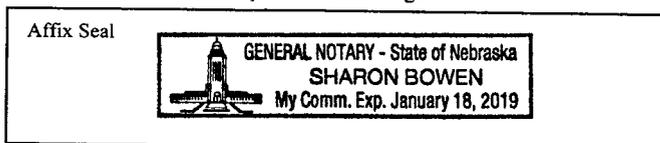
State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

February 25, 2016 by Anthony O. Messineo, Jr.
date name of person acknowledged

Sharon Bowen
Notary Public signature



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