

September 20, 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 Mesal Enterprises, LLC, dba On the Go, 5240 S 48th Street, requesting a Class D-119831 (beer, wine & distilled spirits, off-sale only) liquor license.

Matthew Alesio is requesting that he be approved as the manager of the liquor license. Matthew Alesio completed the required alcohol management training on February 11, 2016.

This is essentially an application for an upgrade. On the Go is an existing Class B-062351 (beer, off-sale only) liquor licensee, with the same owners and manager. With an upgrade to a Class D license they will be allowed to sell wine and distilled spirits, in addition to beer, for which they are already approved. The LLC members and manager will remain the same. The premises location and dimensions will remain the same.

Mesal Enterprises, LLC Corporate Officers/Stockholders/Members:

Member 1: Anthony O. Messineo, Jr. – President (55%)

Member 2: A. Michael Alesio – V.P. (45%)

Current liquor licenses:

Valentino's – 3535 Holdrege St. Suite 100

Valentino's – 2701 S 70th St

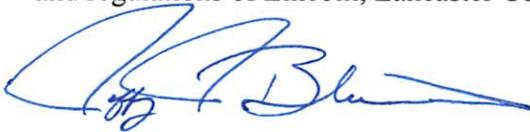
Valentino's – 2820 Pine Lake Rd, Suite 1

Lincoln Station Great Hall – 201 N 7th St, Suite 100

No areas of concern were found.

The application is 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.



JEFFREY J. BLIEMEISTER, Chief of Police



A nationally accredited law enforcement agency



**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

<p>RECEIVED</p> <p>SEP 09 2016</p> <p>NEBRASKA LIQUOR CONTROL</p>	
<p>Hot List: YES <input type="radio"/> NO <input checked="" type="radio"/></p>	<p>New/Replacing # <u>062351-...</u></p>
<p>Class Type <u>D</u></p>	<p>119831 Initial <u>bh</u></p>

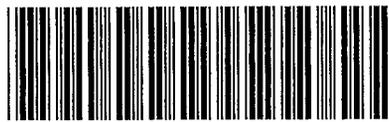
Applicant name MESAL Enterprises, LLC

Trade name On The Go

Previous trade name _____

Contact email address malesio@on-the-go.us

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.

<p>Office use only</p> <p>PAYMENT TYPE <u>CR 20424</u></p> <p>AMOUNT: <u>\$400</u></p> <p>Received: <u>mm</u></p>	 <p>1600017834</p>
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NEBRASKA LIQUOR
CONTROL COMMISSION

1. 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. 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. 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. 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.
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. 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. 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. Submit a copy of your business plan. Sale of miscellaneous items appropriate to what is known as a "convenience" store, sale of motor fuel, car wash facility

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

9-6-2016
Date

PREMISES INFORMATION

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Trade Name (doing business as) On The Go

Street Address #1 5240 South 48th Street Suite "A" SEP 09 2016

Street Address #2 _____

NEBRASKA LIQUOR CONTROL COMMISSION

City Lincoln County Lancaster Zip Code 68516

Premises Telephone number 402 434-3400

Business e-mail address malesio@on-the-go.us

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

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

Name On The Go

Street Address #1 5240 South 48th Street Suite "A"

Street Address #2 _____

City Lincoln State NE Zip Code 68516

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 65 x width 54 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)

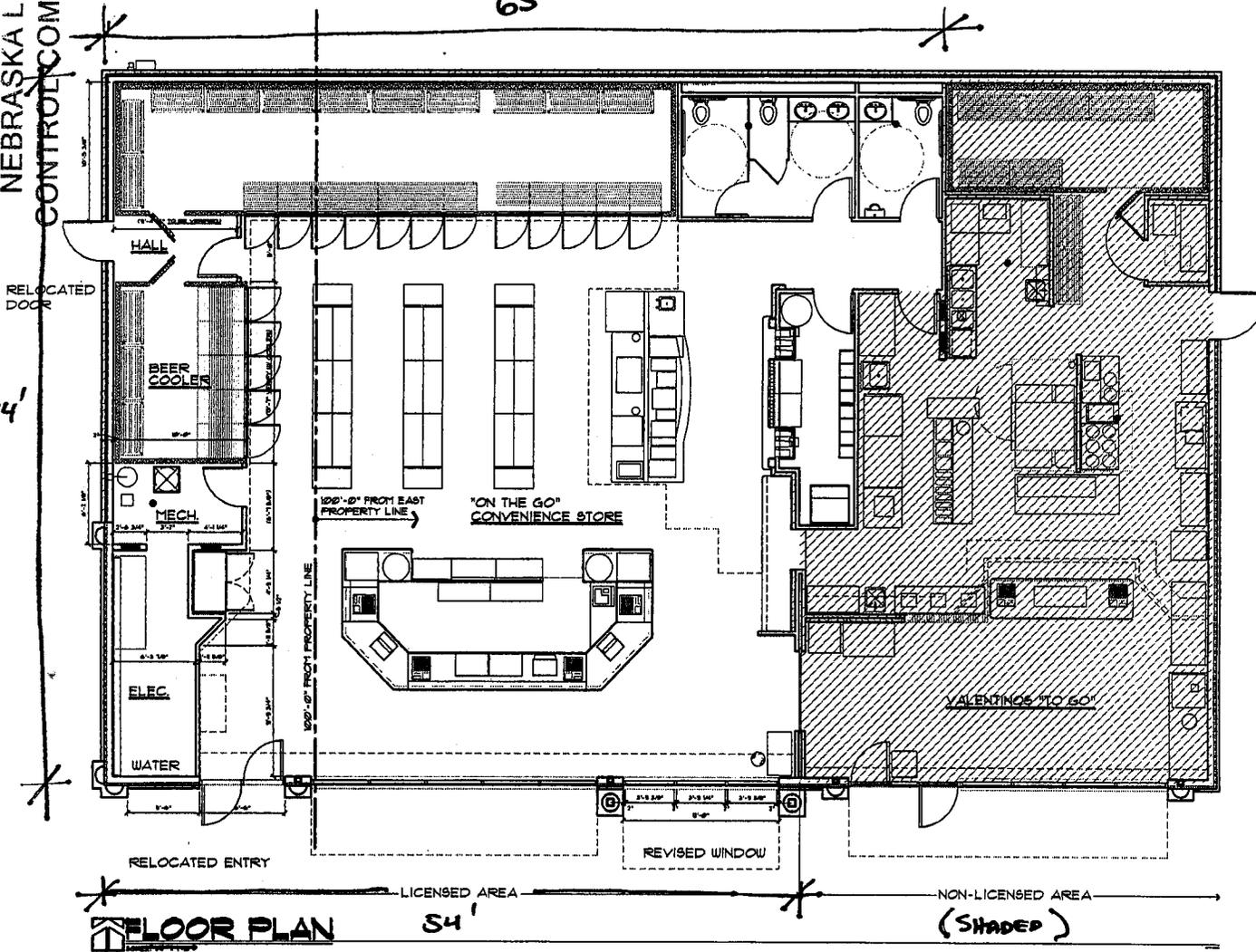
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NEBRASKA LIQUOR
CONTROL COMMISSION

54'

65'



FLOOR PLAN

54'

NON-LICENSED AREA
(SHADED)

LICENSED PREMISE APPROX 3200 SQ. FT. TOTAL

LICENSED PREMISE – The entire facility is a one-story building of wood frame construction that is 4,166 in size at 5240 S. 48th Street, Lincoln, NE 68516. The building is divided into two separate tenant spaces with an “On The Go” convenience store occupying approximately 3,200 square feet of space and a Valentino’s ToGo restaurant occupying the other 1,500 square foot tenant space. The building has no attic or basement space.

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A floor plan illustration of the facility is attached that shows the separation of the tenant spaces within the building and the approximate dimensions of the licensed premise space.

A demise wall and doors separate the two businesses from one another. They operate as independent tenants. Only the 3,200 square foot “On The Go” space will be licensed premise (are shown without shading on the floor plan). While not perfectly square in dimension, the licensed premise is approximately 54 feet in depth, 54 feet in width at the front of the store, and 65 feet in width at the rear of the store.

No liquor sales or storage are proposed for the Valentino’s ToGo portion of the building (shaded area on the facility floor plan diagram).

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 any state, 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.

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CONTROL COMMISSION

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

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

YES NO Replacing current license with an upgrade

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 On The Go has operated with Class B 62351 since its origin (approximately 2004)

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) _____

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

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YES NO

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

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.

Westgate Bank, Lincoln, NE Matthew D. Alesio, Anthony O. Messineo, Jr.
and A. Michael Alesio

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.

See Attached List

#11

LIQUOR LICENSES – AS OF JULY 2016

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NEBRASKA LIQUOR
CONTROL COMMISSION

PRESENT:

5022 South 108TH, Omaha
10190 Maple, Omaha
2701 South 70 Lincoln
Premier Catering – Train Station, Lincoln
7202 Giles Road La Vista
3535 Holdrege Lincoln
2820 Pine Lake Road Suite 1 Lincoln
MESAL – this enclosed application is an “upgrade” of existing license

OLD – NON EXISTENT:

Florence, Nebraska
Des Moines, Iowa
Albuquerque, NM
Nebraska City, NE
8429 Center, Omaha
Bellevue, 1301 Ft. Cook Road
Grand Island, NE
232 North 12th Lincoln
2505 South 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.

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NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Matthew D. Alesio	2-11-16	Certificate of Completion Responsible Hospitality Council Management Training (see attached)

NEBRASKA LIQUOR
CONTROL COMMISSION

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

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 December 31, 2029

 Deed

 Purchase Agreement

14. When do you intend to open for business? Already open - upgrading license

15. What will be the main nature of business? Sale of misc. items - convenience store

16. What are the anticipated hours of operation? 6 A.M. to 11 P.M. Seven (7) Days a week

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
Anthony Michael Alesio, Jr. 6007 South 88th, Lincoln, NE 68526	2002	Present	(Widower)		
Matthew D. Alesio (MANAGER) 335 Dale Drive, Lincoln, NE 68510			Angela C. Alesio 335 Dale Drive, Lincoln, NE 68510		

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.

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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 to manage and supervise 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.

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

Carmen J. Messineo
Signature of Spouse

Print Name Anthony O. Messineo, Jr.

Print Name Carmen J. Messineo

Anthony Michael Alesio, Jr.
Signature of Applicant Anthony Michael Alesio, Jr.

Signature of Spouse n/a

Print Name

Print Name

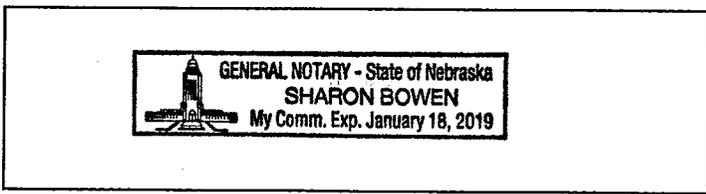
ACKNOWLEDGEMENT

State of Nebraska
County of Lancaster

September 16 2016
date

The foregoing instrument was acknowledged before me this
by Anthony O. Messineo, Jr., Carmen J. Messineo
and Anthony Michael Alesio, Jr.
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.

**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

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CONTROL COMMISSION

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.

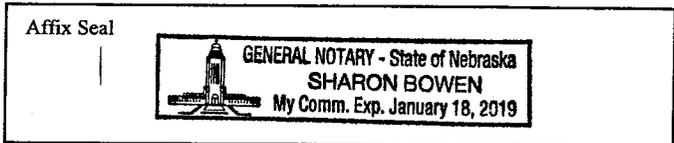
Carmen J. Messineo
Signature of spouse asking for waiver
(Spouse of individual listed below)

Carmen J. Messineo
Printed name of spouse asking for waiver

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this
September 6, 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.

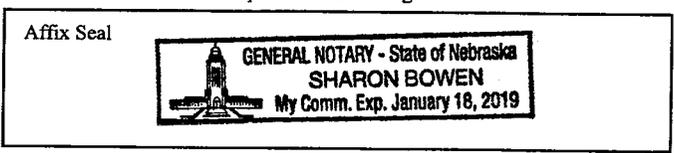
Anthony O. Messineo, Jr.
Signature of individual involved with application
(Spouse of individual listed above)

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

State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this
September 6, 2016 by Anthony O. Messineo, Jr.
date name of person acknowledged

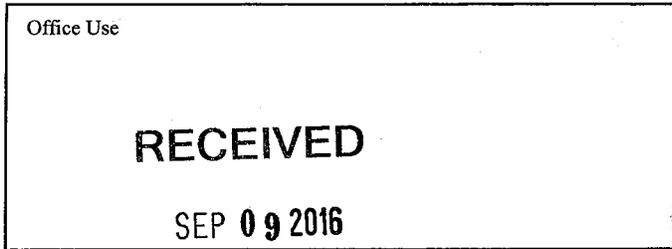
Sharon Bowen
Notary Public signature



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
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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



**NEBRASKA LIQUOR
CONTROL COMMISSION**

All members including spouse(s), are required to adhere to the following requirements

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Managing/Contact member and all members 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 Organization

Name of Registered Agent: A. Michael Alesio

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

MESAL Enterprises L.L.C.

LLC Address: 5240 South 48th Street

City: Lincoln State: NE Zip Code: 68516

LLC Phone Number: 402 | 434 | 3400 LLC Fax Number 402 | 434 | 3406

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Alesio First Name: Matthew MI: D

Home Address: 335 Dale Drive City: Lincoln

State: NE Zip Code: 68510 Home Phone Number: 402 261-3139

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

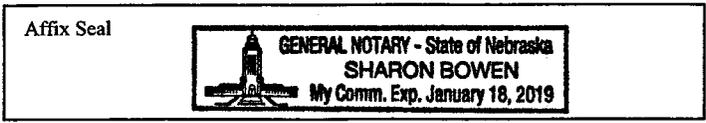
State of Nebraska
County of Lancaster

The foregoing instrument was acknowledged before me this

September 6, 2016

by Matthew D. Alesio
name of person acknowledge

Date
Sharon Bowen



List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Messineo First Name: Anthony MI: RECEIVED (Jr)

Social Security Number: _____ Date of Birth: _____ SEP 09 2016

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

Spouse Social Security Number: _____ Date of Birth: _____ NEBRASKA LIQUOR CONTROL COMMISSION

Percentage of member ownership 55%

Last Name: Alesio First Name: Anthony MI: Michael (Jr)

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 45%

Last Name: Alesio First Name: Matthew MI: D

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Angela C. Alesio

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership -0- MANAGER

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, complete controlling corporation insert form 185

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Indicate the company'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

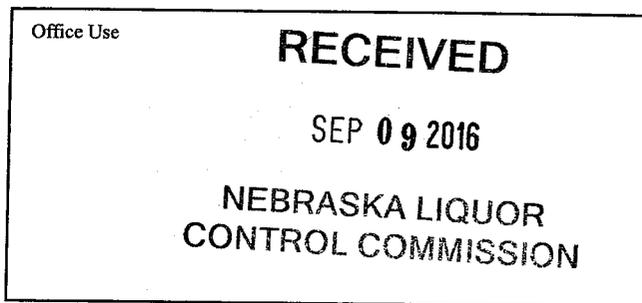
NO

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.

**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: MESAL Enterprises LLC

Premise information

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

Premise Trade Name/DBA: On the Go

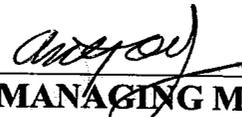
Premise Street Address: 5240 South 48th Street Suite "A"

City: Lincoln County: Lancaster Zip Code: 68516

Premise Phone Number: 402 434-3400

Email address: malesio@on-the-go.us

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.

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Alesio First Name: Matthew MI: D
 Home Address (include PO Box if applicable): 335 Dale Drive SEP 09 2016
 City: Lincoln County: Lancaster Zip Code: 68510
 Home Phone Number: 402 261-3139 Business Phone Number: 402 434-3456
 Social Security Number: _____ Drivers License Number & State: _____
 Date Of Birth: _____ Place Of Birth: Lincoln, NE
 Email address: malesio@on-the-go.us

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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: Alesio First Name: Angela MI: C
 Social Security Number: _____ Drivers License Number & State: _____
 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
335 Dale Drive, Lincoln NE 68510	2006	Present	335 Dale Drive Lincoln, NE 68510	2006	Present

MANAGER'S LAST TWO EMPLOYERS

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YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2002	2003	Valentino's	Tony Messineo	402 434-9370
2003	Present	MESAL Enterprises LLC	Tony Messineo	402 434-9370

NEBRASKA LIQUOR CONTROL COMMISSION

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

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):

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.

RECEIVED

*NLCC Training Certificate Issued: _____ Name on Certificate: SEP 09 2016

**NEBRASKA LIQUOR
CONTROL COMMISSION**

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
Matthew D. Alesio	2-11-16	Certification of Completion 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:

5. Have you enclosed Form 147 regarding fingerprints?

YES NO

PERSONAL OATH AND CONSENT OF INVESTIGATION

RECEIVED
SEP 09 2016

The above individual(s), being first duly sworn upon oath, deposes and states that he/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.

NEBRASKA LIQUOR CONTROL COMMISSION

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.

Matthew D. Alesio

Signature of Manager Applicant
Matthew D. Alesio

Angela C. Alesio

Signature of Spouse
Angela C. Alesio

ACKNOWLEDGEMENT

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this

September 6 2016

date

by

Matthew D. Alesio and Angela C. Alesio

name of person acknowledged

Sharon Bowen

Notary Public signature

Affix Seal



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.

**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

Office Use

RECEIVED

SEP 09 2016

NEBRASKA LIQUOR
CONTROL COMMISSION

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.

Angela C. Alesio

Signature of spouse asking for waiver
(Spouse of individual listed below)

Angela C. Alesio

Printed name of spouse asking for waiver

State of Nebraska

County of Lancaster

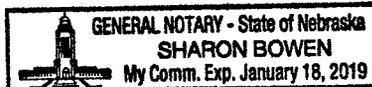
September 6, 2016
date

The foregoing instrument was acknowledged before me this

by Angela C. Alesio
name of person acknowledged

Sharon Bowen
Notary Public signature

Affix Seal



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.

Matthew D. Alesio

Signature of individual involved with application
(Spouse of individual listed above)

Matthew D. Alesio

Printed name of applying individual

State of Nebraska

County of Lancaster

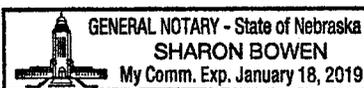
September 6, 2016
date

The foregoing instrument was acknowledged before me this

by Matthew D. Alesio
name of person acknowledged

Sharon Bowen
Notary Public signature

Affix Seal



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.

**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

DATE RECEIVED RECEIVED SEP 09 2016 NEBRASKA LIQUOR Office Use Only CONTROL COMMISSION	
Class: _____	License #: _____

Applicant Name: MESAL Enterprises LLC
(Corporation, LLC, Partnership or Individual)

Trade Name: On the Go
(Doing Business As)

(402) 434 -3400
Phone Number

malesio@on-the-go.us
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.