

November 19, 2013

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 MoMo Pizzeria & Ristorante, 7701 Pioneers Boulevard requesting a class C liquor license.

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

Background information on the applicant is as follows:

Anthony Bonelli was born in Lincoln, Nebraska. He graduated from Lincoln Northeast High School in 1973.

Mr. Bonelli has been self-employed since 1992.

The applicant has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.



JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATION

Trade Name (doing business as) MoMo Pizzeria & Ristorante

Street Address #1 7701 Pioneers Blvd

Street Address #2 _____

City Lincoln

County Lancaster #2

Zip Code 68516

Premise Telephone number Not yet assigned 402-730-5559

E-mail _____

Is this location inside the city/village corporate limits:

YES

NO

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

Name Anthony J. Bonelli

Street Address #1 3524 Cape Charles Road East

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

Length _____ feet

Width _____ feet

Is there a basement? Yes No

No Basement

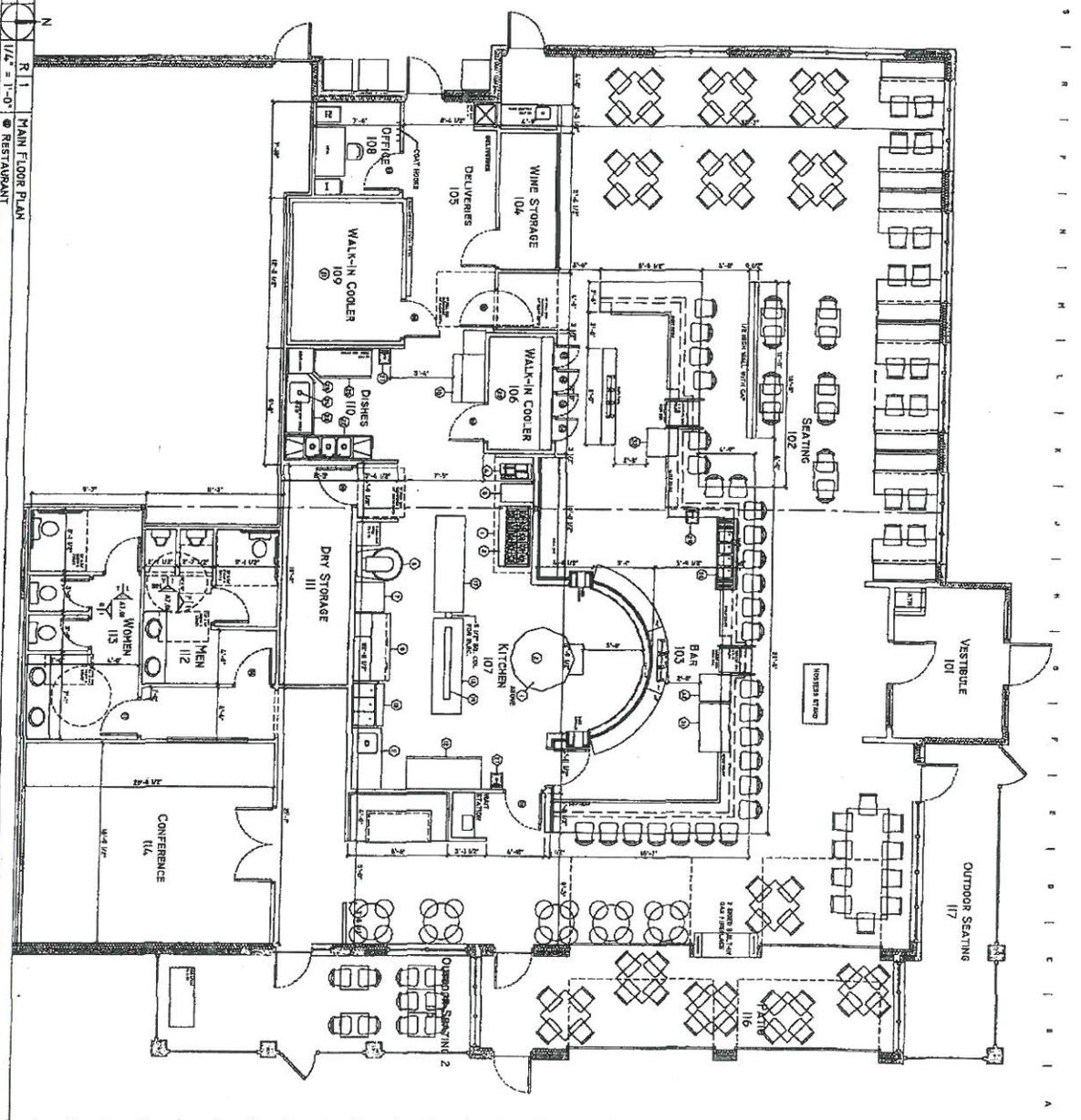
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

see attached diagram

Exhibit A

#113

DOOR & FRAME SCHEDULE	
NO.	DESCRIPTION
1	WOOD
2	WOOD
3	WOOD
4	WOOD
5	WOOD
6	WOOD
7	WOOD
8	WOOD
9	WOOD
10	WOOD
11	WOOD
12	WOOD
13	WOOD
14	WOOD
15	WOOD
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91	WOOD
92	WOOD
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96	WOOD
97	WOOD
98	WOOD
99	WOOD
100	WOOD



951
 NEW CONSTRUCTION
 INTERIOR FINISH
 RESTAURANT - INTERIOR FINISH
 NEW CONSTRUCTION
 TWO PREMISES
 LINCOLN, NEBRASKA
 FLOOR PLAN & SCHEDULES
 A2.01

APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Anthony J. Bonelli	03/31/2009	Lincoln, NE	DUI 4611, Case #CR09	Probation

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

YES NO

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

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

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

YES NO

If yes, give name and license number _____

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

YES NO

If yes:

- a) Attach temporary operating permit (T.O.P.) (form 125)
- b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____

voter reg, BC, signed

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: Bonelli First Name: Anthony MI: J

Home Address (include PO Box if applicable): 3524 Cape Charles Road East

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-328-9973 Business Phone Number: Not yet assigned

Social Security Number _____ Drivers License Number & State: I

Date Of Bir _____ Place Of Birth: Lincoln, NE

OK Email address: rdminc@hotmail.com

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

YES

NO

X spouse affidavit signed

signed

Spouse's information

Spouses Last Name: Bonelli First Name: Leslie MI: R

Social Security Number _____ Drivers License Number & State: I

Date Of Birth _____ Place Of Birth: Philip, South Dakota

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	1996	2013	Lincoln, NE	1998	2013

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1995	2009	Lamar's Donuts	None	N/A
2009	2013	Self	None	N/A

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

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

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

YES NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
Anthony J Bonelli	3/31/2009	Lincoln, NE	Case# () DU:	Probation

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):

Don't remember, but possibly 1978 Adam's Rib, 12th & O St Lincoln, NE

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

DUPLICATE—to be given to this child's parent.

FHS-726(VS)
REV. 12-54
FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

STATE OF NEBRASKA
DEPARTMENT OF HEALTH
Bureau of Vital Statistics

CERTIFICATE OF LIVE BIRTH BIRTH NO _____

1. PLACE OF BIRTH a. COUNTY Lancaster		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Nebraska b. COUNTY Lancaster	
b. CITY (If outside corporate limits, write RURAL) Laneola		c. CITY (If outside corporate limits, write RURAL) Laneola	
c. FULL NAME OF (If NOT in hospital or institution, give street address or location) St. Elizabeth Hospital		d. STREET ADDRESS (If rural, give location) 643 Cleveland, Street	
3. CHILD'S NAME a. (First) Anthony b. (Middle) John c. (Last) Bonelli		5b. If TWIN OR TRIPLET (This child born) 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	
4. SEX Male		6. DATE OF BIRTH (Month) (Day) (Year) _____	
7. FULL NAME a. (First) John b. (Middle) Salvatore c. (Last) Bonelli		8. COLOR OR RACE White	
9. AGE (At time of this birth) 21 yrs		11a. USUAL OCCUPATION Electrician	
10. BIRTHPLACE (City, town, or county) (State or foreign country) Laneola, Nebraska		11b. KIND OF BUSINESS OR INDUSTRY _____	
12. FULL MAIDEN NAME a. (First) Alien b. (Middle) Mary c. (Last) Phillips		14. COLOR OR RACE White	
13. AGE (At time of this birth) 17 yrs		15. CHILDREN Previously Born to This Mother (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are stillborn (born dead after pregnancy)? 0	
17. INFORMANT'S SIGNATURE John Bonelli Relationship Relationship		18. ATTENDING AT BIRTH M. D. [] Midwife [] Other []	
18. ADDRESS 643 Cleveland, St. Laneola, Neb.		19. MOTHER'S MAILING ADDRESS Mrs. John S. Bonelli 4643 Cleveland, St. Laneola, Neb.	
20. DATE OF BIRTH 12-23-34		21. REGISTRAR'S SIGNATURE _____	

A certified copy of the original Birth Certificate may be obtained by you upon application accompanied by the statutory fee of \$1.00 in cash or check, if you apply during the first month after the date of birth. If you apply after the first month, the fee is \$2.00. Information: CHILD'S NAME, PLACE OF BIRTH, YEAR, MONTH, DAY OF BIRTH; FATHER'S NAME; MOTHER'S MAIDEN NAME; PHYSICIAN'S NAME.

The original of the above certificate is required to be filed with the State Department of Health, Lincoln, Nebraska, as permanent depository.
Certified copies, to serve all purposes, must bear the Seal of State of Nebraska, Department of Health.
In case corrections in spelling become necessary or additions made, the facts should be furnished the State Department of Health in requesting the change.

[Handwritten signature]

DRIVERS LICENSE
PAGE 1

NEBRASKA www2mv.ne.gov
USA NE

OPERATOR

2a License No. [REDACTED] 4a ISS 01-05-2012
3 DOB [REDACTED] 4b EXP [REDACTED]
5a End NONE 6 Class 0
12 Rest BF
15 Sex F 16 Hgt 508 17 Wgt 125
18 Eyes HAZ 19 Hair [REDACTED]

1 LESLIE R BONELLI
2 3524 CAPE CHARLES RD E
LINCOLN, NE 68505
5 DD [REDACTED] SENIOR



NEBRASKA www2mv.ne.gov
USA NE

OPERATOR

2a License No. [REDACTED] 4a ISS 04-01-2010
3 DOB [REDACTED] 4b EXP [REDACTED]
5a End NONE 6 Class 0
12 Rest B
15 Sex M 16 Hgt 508 17 Wgt 175
18 Eyes GRN 19 Hair [REDACTED]

1 ANTHONY J BONELLI
2 3524 CAPE CHARLES RD E
LINCOLN, NE 68505
5 DD [REDACTED]

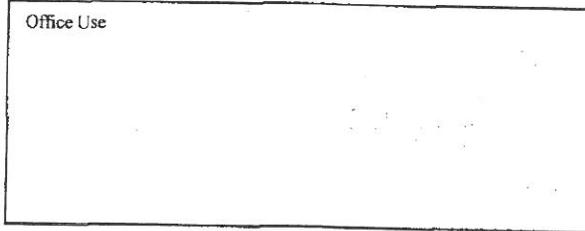
6/10-A



OK

**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.ne.gov



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 (2 cards per person)
- 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 (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: Anthony J. Bonelli

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

MoMo Food Service L.L.C.

LLC Address: 3341 Pioneers Blvd Suite #1

City: Lincoln State: NE Zip Code: 68506

LLC Phone Number: 402-483-2302 LLC Fax Number 402-483-6040

Name of Managing/Contact Member

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

Last Name: Bonelli First Name: Anthony MI: J

Home Address: 3524 Cape Charles Road East City: Lincoln

State: NE Zip Code: 68516 Home Phone Number: 402-328-9973

Signature of Managing/Contact Member

ACKNOWLEDGEMENT

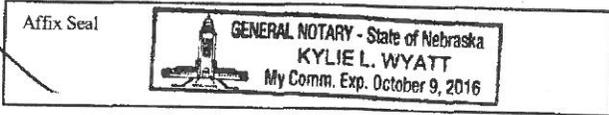
State of Nebraska
County of Lancaster

NOVEMBER 8, 2013
Date

The foregoing instrument was acknowledged before me this

by ANTHONY J. BONELLI
name of person acknowledge

Kylie L Wyatt



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

Last Name: Bonelli First Name: Anthony MI: J

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 51%

*Signed
BC
water reg
Spousal OK*

Last Name: Manzitto First Name: Samuel MI: L

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10.5%

Last Name: Mazitto Jr. First Name: Samuel MI: J

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Angela K Moran Manzitto

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10.5%

Last Name: Nelson First Name: Brandon MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10.5%

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

Last Name: Vande Guchte First Name: Tammy MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10.5% (Joint ownership with spouse) 5.25%

Last Name: Vande Guchte First Name: Robert MI: _____

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 10.5% (see above) 5.25%

Last Name: Minchow First Name: Matt MI: _____

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 7%

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, 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

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

Starting Date: January Ending Date: December

Is this a Non Profit Corporation?

YES

NO

If yes, provide the Federal ID #. _____

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