



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



lincoln.ne.gov

August 13, 2007

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 Grisantis, 6820 'O' Street requesting a class I liquor license.

Demetris Kotslalis has purchased this establishment and requests that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Demetris Kotsalis was born in Greece. He attended High School in Greece graduating in 1973.

Demetris Kotsalis employment history is as follows:

Present	Owner, Grisantis	Omaha/Lincoln, NE.
1999 - 2006	Director, Panera	Omaha/Lincoln, NE.
1981 - 1998	Operations Manager, Long John Slivers	Eastern USA

Stockholder information has been 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.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Business Report

Completed by Inv. Fosler #843

Business Name: ERICANTIS

Address: 6820 'D' STREET Phone: 464-8444

Type of Investigation : Purchase Upgrade Expansion New
 Owner Manager Other: _____

Type of Business: REST

Liquor Class A B C D I J K Catering Other: _____

Ownership: Corporation Partnership Individual

Amount Financed: 2.7 mil Source: OWNER

Lease Agreement: 16/yr - 10,800

Sales: %Food: 82 %Liquor: 18

Located: Commercial Industrial Residential

Traffic Flow: HEAVY Off Street Parking: Yes No

Ready for Operation: Yes No/ Est Date: _____

Food Service: Yes No Employees: F/T 12 P/T 40-45

Est Seating: 250 Appx Est Daily Customers 3000 WEEKS

Hours of Operation: M-THUR 11-9 F-S 11AM-11PM

Any Additional Comments: S - 11AM - 8PM APPX

Hours of Operation: M-THUR 11-9 F-S 11AM-11PM

Liquor License Investigation

Business (DBA) GRISANTI'S

Manager Owner Other _____

Name: DEMETRIS KOTSALIS

US Citizen ? Yes No

Has applicant ever been cited for liquor law violations ? No Yes
Explain _____

Does applicant have an interest in another liquor license ? No Yes
Explain OMAHA

Is spouse qualified to hold a license ? Yes No N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 20

Any other employment ? No Yes, explain OMAHA

Any previous experience with a liquor license? Yes No

Any criminal convictions ? No Yes

Comments _____

Is applicant a property owner in Lincoln ? Yes No

Is applicant involved in any civil litigation ? No Yes

Comments _____

Photo Records Check References

DMV
Comments _____

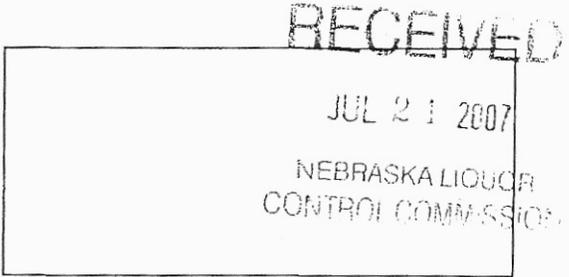
Interview Date 7 / 31 / 07

Comments

Lincoln

APPLICATION FOR LIQUOR LICENSE

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.nol.org/home/NLCC/



OFFICE USE ONLY

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

RETAIL LICENSE(S)

- A Beer, On Sale Only \$45.00
- B Beer, Off Sale Only \$45.00
- C Beer, Wine & Distilled Spirits, On & Off Sale \$45.00
- D Beer, Wine & Distilled Spirits, Off Sale Only \$45.00
- I Beer, Wine & Distilled Spirits, On Sale Only \$45.00

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

			Bond
<input type="checkbox"/>	L	Craft Brewery (Brew Pub)	\$295.00 1,000 min.
<input type="checkbox"/>	O	Boat	\$ 95.00 N/A
<input type="checkbox"/>	V	Manufacturer, Beer, Wine & Distilled Spirits (additional fee of \$100 to \$1,000-call for exact amount)	\$ 45.00 10,000 min.
<input type="checkbox"/>	W	Wholesale Beer	
<input type="checkbox"/>	X	Wholesale Liquor	\$545.00 5,000
<input type="checkbox"/>	Y	Farm Winery	\$795.00 5,000
			\$295.00 1,000

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- Individual License, requires insert form 1
- Partnership License, requires insert form 2
- Corporate License, requires insert form 3a and manager application 3b

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: _____ Phone: _____

Firm Name: _____

Firm address: _____

PREMISE INFORMATION

Trade Name (doing business as) GRISANTI'S

Street Address #1 6820 "O" ST

Street Address #2 _____

City LINCOLN County LANCASTER

Zip Code 68510

Telephone number at premise to be licensed 464-8444

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

Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: DEMETRIS KOTSALIS

Street Address #1 1808 S. 176th ST.

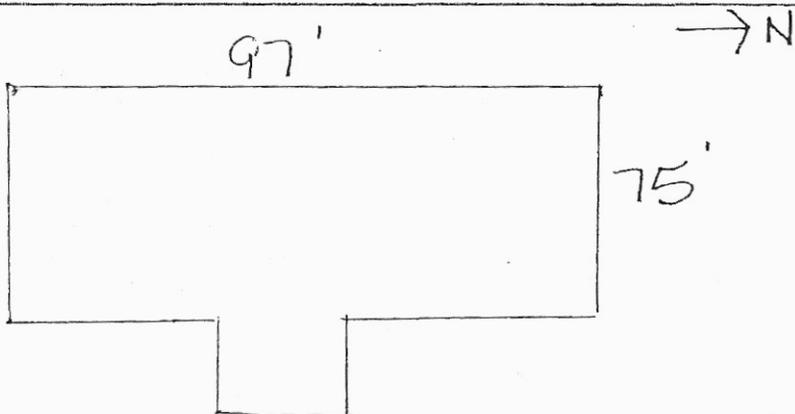
Street Address #2 _____

City OMAHA County DOUGLAS

Zip Code 68130

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, 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 in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



Entire one story 97 x 75

APPLICANT INFORMATION

Q 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 If yes, please explain below or attach a separate page.
- No

VAIA A. KOTSALIS / AUTO ACCIDENT / OMAHA / 2004?

Q Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- Yes
Current business name and license number Grisantis Inc
LIC# 18085
- No

Q Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- Yes
- No

Q Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- Yes SELLER FINANCING
- No

5 Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

Yes VIA APOSTOLOU-KOTSALIS (spouse)
 No

6 Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

Yes Leased equipment - Coke machine / Dishwasher - Ecobat
 No

7 Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

Yes _____
 No

8 Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

Yes _____
 No

9 Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

Yes _____
 No

10 List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

NEBRASKA STATE BANK - DEMETRIUS KOTSALIS
SAM OGLESBY (accountant)

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 reasons for termination of any licenses previously held.

N/A

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

DEMETRIS KOTSALIS ~20

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

WAITER 1976-1979

14. 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 JUNE 30, 2023
 Deed
 Purchase Agreement

15. When do you intend to open for business? 7-26-07

16. What will be the main nature of business? What are the anticipated hours of operation? RESTAURANT
11 AM - 10 PM

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
DEMETRIS KOTSALIS	1999	PRESENT	OMAHA
VAIA APOSTOLOV-KOTSALIS	1996	1999	MARIETTA, GA

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), 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 or 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). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock) and spouses. Full (birth) names only, no initials.

 (sign here) Ken Hoben of _____

 (sign here) to process w/o _____

 (sign here) wife's signature _____

 (sign here) she will sign and _____

 (sign here) send in week of _____
 Aug 1

Subscribed in my presence and sworn to before me this

FOR DENOTES ONLY

24th day of July, 2007

 (Notary Public Signature & Seal)

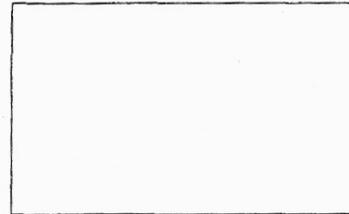
In compliance with the ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

GENERAL NOTARY - State of Nebraska
 HOLLY ERICKSON
 My Comm. Exp. Sept. 27, 2010

FORM 35-4010
REV. 4/05

**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC 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: <http://www.lcc.ne.gov>



Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.

DEVA, INC.

Corporate Street Address: 1808 S. 176th ST

City: OMAHA State: NE Zip Code: 68130

Corporate Telephone Number 402 680-0573

Total number of shares issued (if corporation) 5,000

Is this a Non Profit Corporation? YES NO
If yes, what is your Federal ID #? _____

Name of Registered Agent _____

Name of Proposed Manager DEMETRIS KOTSALIS
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: KOTSALIS First Name: DEMETRIS MI

Address Street 1808 S. 176th ST. City OMAHA

State NE Zip Code 68130 Home Phone number 402 614-4170

Social Security Number _____ Date of Birth _____

RECEIVED
FEB 2 2007

List names of all Officers, Directors, Stockholders, Members and their Spouses

NEBRASKA LIMITED
CORPORATION

Last Name KOTSALIS First Name VAIA A.

Social Security Number _____ Date of Birth _____

Title SECRETARY Number of Shares 1,500

Spouse Name (indicate N/A if single) DEMETERIS KOTSALIS

Spouse Social Security Number _____ Date of Birth _____

Title CEO Number of Shares 3,500

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Last Name _____ First Name _____

Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

Spouse Name (indicate N/A if single) _____

Spouse Social Security Number _____ Date of Birth _____

Title _____ Number of Shares _____

RELEASED
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 11/11/09 BY 60322/UC/STP

Is this Corporation or Limited Liability Company controlled by another Corporation?

Yes No

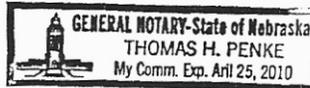
If yes, give name of corporation and supply organizational chart

Indicate tax year with the IRS

Starting Date 2007 Ending Date N/A

Frank Kishi

Signature of President/Managing Member

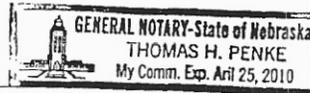


Thomas H. Penke

Notary Public Signature & Seal

Subscribed in my presence and sworn to before me this

5th day of June, 2007



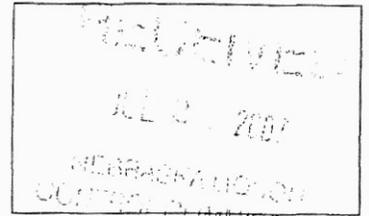
Thomas H. Penke

Notary Public Signature & Seal

In compliance with the ADA, this application for license form 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 MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: <http://www.lcc.ne.gov/>



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION DEVA, INC.
CLASS & LICENSE NUMBER _____
TRADE NAME GRISANTI'S
STREET ADDRESS 6820 "O" ST. CITY LINCOLN

Applicant
SIGNATURE OF CORPORATION PRESIDENT/CEO _____

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME DEMETRIS KOTSALIS
ADDRESS 1808 S. 176th ST.
CITY OMAHA STATE NE ZIP CODE 68130
HOME PHONE NUMBER 402 614-4170 BUSINESS PHONE NUMBER 402 680-0573
SEX MALE FEMALE SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ PLACE OF BIRTH GREECE
DRIVERS LICENSE NUMBER & STATE _____ NE

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME VAIA A. KOTSALIS
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE _____ NE

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.

√ AIA A. KORSALIS / AUTO ACCIDENT / OMAHA / 2004?

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

YES NO

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

YES NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES NO

5. Have you filed fingerprint cards and PROPER FEES (if check, make out to the NE State Patrol), with this application?

YES NO

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE		YEAR FROM TO		SPOUSE: CITY & STATE	
FROM	TO	FROM	TO	FROM	TO
OMAHA, NE	5/99	PRESENT	OMAHA, NE	5/99	PRESENT
MARIETTA, GA	1/96	5/99	MARIETTA, GA	1/96	5/99

EMPLOYERS - LIST LAST TWO EMPLOYERS				
MONTH/YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
10/06	3/07	PANERA, LLC	MARK DAVIS	720 344-5640
1/99	10/06	PANEBRASCA, LLC dba PANERA BREAD	DAVE ULGENALP	727 643-7334

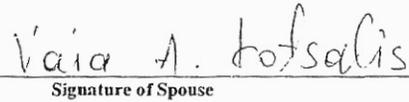
**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

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, an 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.

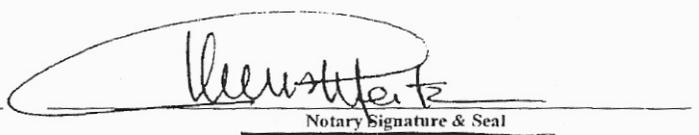

Signature of Applicant


Signature of Spouse

Subscribed in my presence and sworn to before me this 5th
day of June 2007

Subscribed in my presence and sworn to before me this 5th
day of June, 2007


Notary Signature & Seal


Notary Signature & Seal

