

CCID 1509

TYPE OF LICENSE: CLASS "C" LIQUOR LICENSE

NAME & ADDRESS: RETROACTIVE, INC.

DBA "RETRO METRO"

1516 JONES STREET

RECEIVED: NOVEMBER 17, 2014

45TH DAY: THURSDAY, JANUARY 1, 2015

HEARING DATE: DECEMBER 9, 2014 - 22ND DAY

AND/OR PERSONS CONTACTED: JOSEPH (JOE) CASCIO, JR.

402-968-7863

POSTED: 11-20-14

NOTIFIED: 11-24-14

NEW APPLICATION, NEW LOCATION.

▶ RECEIPT

11/17/2014

From: Michelle Porter - MICHELLE.PORTER@NEBRASKA.GOV
Phone: 402/471-2821
Fax: 402/471-2814
Company Name: Nebraska Liquor Control Commission
To: Omaha City Clerk
Subject: Retro Metro - #110688
Liquor License Application

RECEIVED
2014 NOV 17 AM 11:35
CITY CLERK
OMAHA, NEBRASKA

PLEASE COMPLETE THE BOTTOM SECTION IMMEDIATELY UPON RECEIPT OF THIS APPLICATION AND FAX OR EMAIL THIS FORM BACK ACKNOWLEDGING THE RECEIPT OF THIS APPLICATION. PLEASE DATE STAMP IF THAT OPTION IS AVAILABLE. THANK YOU.

November 17, 2014
DATE OF RECEIPT

Cannan Johnson
SIGNATURE

Urgent For Review Please Comment Please Reply Please Recycle



RECEIVED

STATE OF NEBRASKA

Dave Heineman
Governor

2014 NOV 17 AM 11:35

NEBRASKA LIQUOR CONTROL COMMISSION

Robert B. Rupe

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814 or (402) 471-2374

TRS USER 800 833 7352 (TTY)

web address: <http://www.lcc.ne.gov/>

CITY CLERK
OMAHA, NEBRASKA November 17, 2014

City Clerk
1819 Farnam Street LC-1
Omaha NE 68183

RE: Retro Metro

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body,
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE A LICENSEE MUST BE APROPERLY LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS. A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION
Michelle Porter
Licensing Division

Enclosures

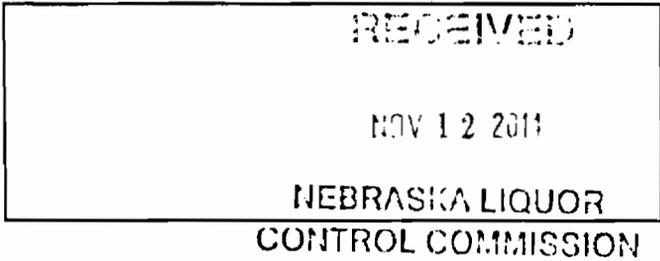
Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

William F. Austin
Commissioner

**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.ne.gov/



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

RETAIL LICENSE(S)

Submit \$400 Non Refundable Application Fee

- 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
- ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- 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

LICENSE YEAR

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
(CHECK ONLY ONE)**

- Individual License (requires insert form 1- form number 104)
- Partnership License (requires insert form 2- form number 105)
- Corporate License (requires insert form 3a & 3c- form number 101 and 103)
- Limited Liability Company (LLC) (requires form 3b & 3c- form number 102 and 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application**

Name _____ Phone number: _____

Firm Name _____

RECEIVED

PREMISE INFORMATION

Trade Name (doing business as) Retro Metro -

NOV 12 2011

Street Address #1 1516 JONE ST

Street Address #2 3316 N 131 CR - Omaha NEBRASKA LIQUOR

City Omaha County Douglas CONTROL COMMISSION
Zip Code 68118

Premise Telephone number 402-968-7863 68102 (cy)

Business e-mail address _____

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

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

Name JRE (45010)

Street Address #1 1516 JONES - 68107 68102 (cy)

Street Address #2 3316 N. 131 CR. 68164

City Omaha State Nebr. Zip Code 68107

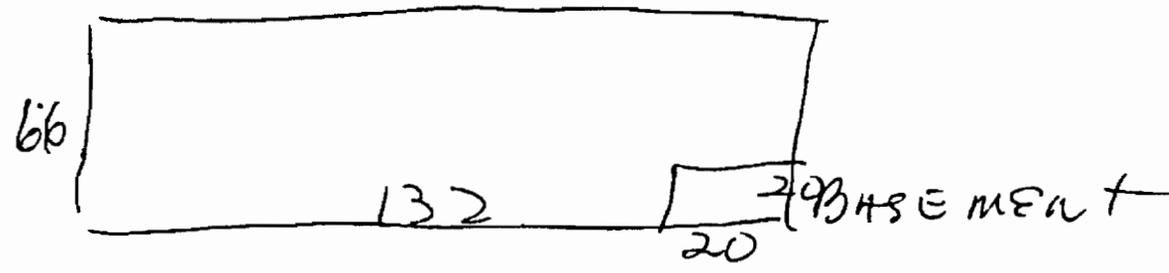
**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

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

Building: length 132 x width 66 in feet
Is there a basement to be licensed? Yes No If yes, length 20 x width 20 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



One story bldg approx 132' x 66' including basement 20' x 20' per applicant

Douglas County, Nebraska Property Record - R0315780002

Information is valid as of 2014-11-17

[Print Report](#)
[View Interactive GIS Map](#)
[Treasurer's Tax Report](#)
[Subdivision Sales Search](#)

New Feature → → →

Owner

CASCIO JOSEPH J
 ETAL

 3316 N 131 CIR
 OMAHA NE 68164-0000

Property Information

Key Number:	1578 0002 03
Account Type:	Commercial
Parcel Number:	0315780002
Parcel Address:	1516 JONES ST OMAHA NE 68102-0000
Legal Description:	CITY LOTS LOT 6 BLOCK 171 1 FT VAC ALLEY ADJ & LOT 6 66 X 133

Value Information

	<i>Land</i>	<i>Improvement</i>	<i>Total</i>
2014	\$75,100.00	\$175,300.00	\$250,400.00
2013	\$75,100.00	\$175,300.00	\$250,400.00
2012	\$75,100.00	\$175,300.00	\$250,400.00
2011	\$75,100.00	\$175,300.00	\$250,400.00
2010	\$75,100.00	\$145,700.00	\$220,800.00
2009	\$75,100.00	\$145,700.00	\$220,800.00

Land Information

<i>Acres</i>	<i>SF</i>	<i>Units</i>	<i>Depth</i>	<i>Width</i>	<i>Vacant</i>
0.2	8778.0	1.0	0.0	0.0	No

Improvement Information

Building 1

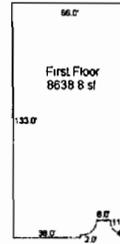
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NOVEMBER 2010 DOUGLAS COUNTY ASSESSOR

[CLICK TO ENLARGE IMAGE](#)

Bar/Tavern
1516 JONES ST.



Sketch by Apex Mobile™

[CLICK TO ENLARGE IMAGE](#)

Square Footage:	8639.0	Percent Complete:	100.0%
Perimeter	411.0	Quality:	Average
Unit Type:		Condition:	Good
Built As:	Bar/Tavern	Condo Square Footage:	0.0
HVAC:	Complete HVAC	Rooms:	0.0
Exterior:		Units:	1.0
Interior:		Baths:	0.0
Roof Cover:		Bedrooms:	0.0
Roof Type:	Flat	Stories:	1.0
Floorcover:		Foundation:	
		Sprinkler Square Footage:	8778.0

Year Built	Year Remodeled	Percent Remodeled	Adjusted Year Built	Physical Age
1890	1986	0%	1938	73

Detail Type	Detail Description	Units
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NOV 13 2014

APPLICANT INFORMATION

NEBRASKA LIQUOR COMMISSION

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. Include traffic violations. 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. The 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
JOE CASCILO	8 to 10 YEARS AGO		SPEEDING TICKET	
SHARON CASCILO	N/A			

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 (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, including family or friends, to establish and/or operate the business?

YES NO

If yes, list the lender(s) _____ NOV 13 2011

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)

NEBRASKA LIQUOR CONTROL COMMISSION

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 premise to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

YES NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. §53-177)(1)

9. Is anyone listed on this application a law enforcement officer?

YES NO

If yes, list the person, the law enforcement agency involved and the person's exact duties

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business

a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

FIRST NATIONAL / Downtown - JOSEPH CASCO
SHARON CASCO

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.

Joseph's / TERMINATED / CANCER / SURVIVOR -

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:

- a) Individual, applicant only (no spouse)
- b) Partnership, all partners (no spouses)
- c) Corporation, manager only (no spouse) as listed on form 3c
- d) Limited Liability Company, manager only (no spouse) as listed on form 3c

Needs Training

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
		<i>SEE MANAGE. APPLICATION -</i>

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
		<i>NOV 19 2011</i>
		<i>NEBRASKA LIQUOR CONTROL COMMISSION</i>

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 _____
- Deed
- Purchase Agreement

- 14. When do you intend to open for business? *ASAP*
- 15. What will be the main nature of business? *INTERVIEW MEET / DANCE / COMEDY /*
- 16. What are the anticipated hours of operation? *4 PM TO 2 AM - CLUB*

17. List the principal residence(s) for the past 10 years for all persons required to sign on page 8, 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
<i>305 CASLO</i>	<i>2000</i>	<i>2015</i>	<i>SHARON CASLO</i>	<i>2000</i>	<i>2015</i>
<i>3316 N. 131ST. OMAHA NEBR. 68164</i>			<i>3316 N. 131ST. OMAHA NE- 68164</i>		

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

Joseph J. Cascio Jr.
Signature

Joseph Cascio Jr
Print Name

Signature

Print Name

see Att.
Signature of Spouse

Print Name

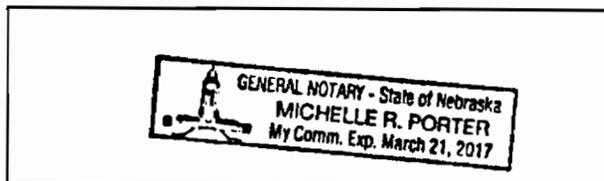
Signature of Spouse

Print Name

ACKNOWLEDGEMENT

State of Nebraska
County of Lincoln
November 12, 2014 by
date
Michelle Porter
Notary Public Signature

The foregoing instrument was acknowledged before me this
Joseph J. Cascio Jr
name of person(s) acknowledged (individual(s) signing)



RECEIVED

NOV 12 2014

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.

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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Must be signed in the presence of a notary public by applicant(s) and spouse(s). See guideline for required signatures

Signature _____
Print Name _____

Signature _____
Print Name _____

Sharon K. Cascio
Signature of Spouse
SHARON K. CASCIO
Print Name

Signature of Spouse _____
Print Name _____

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas

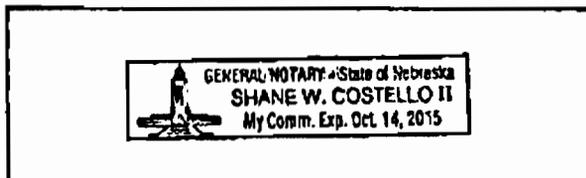
11/12/2014 date

The foregoing instrument was acknowledged before me this

Sharon K Cascio

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

Shane W. Costello
Notary Public Signature



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

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use
NOV 12 2014
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 (2 cards per person)
- 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 (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: SEAN T. MULLEN - 12829 W. Dodge Rd #100 Omaha 68114

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

RETROACTIVE INC. #0845435

Corporation Address: 3316 N 131 CR

City: OMAHA State: NE Zip Code: 68164

Corporation Phone Number: 402-968-7863 Fax Number: NONE

Total Number of Corporation Shares Issued: 10,000 per Email 11/15/14

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

Last Name: CASIO - JR. First Name: JOSEPH. MI: J

Home Address: 3316 N 131 CR. City: OMAHA

State: NE Zip Code: 68164 Home Phone Number: 402-493-8184

Joseph J. Casio Jr.
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska
County of Sancaster
November 13, 2014
Date
Michelle Porter

The foregoing instrument was acknowledged before me this
by Joseph J Casio Jr.
name of person acknowledge

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

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

Last Name: CASCIU Jr. First Name: JOSEPH MI: J

Social Security Number: _____ Date of Birth: _____

Title: President - Number of Shares 10,000 per attached

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

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: _____

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NOV 19 2011

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Porter, Michelle

From: joseph cascio <joecascio@cox.net>
Sent: Saturday, November 15, 2014 8:56 PM
To: Porter, Michelle
Subject: Re: Liquor License Application for Retro Metro

MICHELLE, YES. ALL SHARES ARE MINE. THANKS SO MUCH, I THINK I PUT MY LAND LINE ON THE APPLICATION, THE NUMBER WAS 493-0184. I FORGOT MY WIFE GOT RID OF THE LINE LINE, SO ALL I HAVE IS THE CELL . 402 968-7863. REGARDS JOE

On Nov 13, 2014, at 4:30 PM, Porter, Michelle <michelle.porter@nebraska.gov> wrote:

Joe,
Are all of the 10,000 shares yours? I will send the recommendation sheets for the approvals, so you do not need to contact anyone.
Thank you,

Michelle Porter
Licensing Division
Nebraska Liquor Control Commission
402/471-2821
michelle.porter@nebraska.gov
Website : <http://www.lcc.ne.gov>
Fax: 402/471-2814

From: joseph cascio [<mailto:joecascio@cox.net>]
Sent: Thursday, November 13, 2014 4:29 PM
To: Porter, Michelle
Subject: Re: Liquor License Application for Retro Metro
Importance: High

MICHELLE, THERE ARE 10 THOUSAND SHARES, VALUED AT ONE DOLLAR. THANK YOU SO MUCH FOR THE HELP. I HOPE EVERYTHING GOES SMOOTH. LET ME KNOW IF I NEED TO DO ANYTHING ELSE. I AM ORDERING THE INSPECTIONS THIS AFTERNOON.. TAKE CARE, JOE -402-967-7863

On Nov 13, 2014, at 8:26 AM, Porter, Michelle <michelle.porter@nebraska.gov> wrote:

Good morning Joe,
Thank you for the information. Were you able to find out any information in regards to the shares? I did see on the articles of incorporation that there are 1,000 shares outstanding.

Michelle Porter
Licensing Division
Nebraska Liquor Control Commission

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

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

NOV 12 2011

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

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

Spouse Social Security Number: _____ Date of Birth: _____

RECEIVED

MAY 19 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation _____
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: JAN - Ending Date: DEC -

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.

Nebraska Secretary of State

- John A. Gale

Business Services

Home » Corporation and Business Entity Searches

Thu Nov 13 14:29:23 2014

For Letters of Good Standing (\$6.50), Certificates of Good Standing (\$10.00), and/or Images (\$0.45 per page) of documents filed with the Secretary of State please click the corresponding service below:

NEW SEARCH

[Back to Search Results](#)

Pay Services:

[Online Images of Filed Documents](#) | [Good Standing Documents](#)

Entity Name

RETROACTIVE, INC.

SOS Account Number

0865435

Principal Office Address

3316 N 131ST CIRCLE
OMAHA, NE 681640000

Registered Agent and Office Address

SEAN T. MULLEN
SUITE 100
12829 WEST DODGE RD.
OMAHA, NE 681540000

Nature of Business

TO OPERATE A BAR LOUNGE AND OR RESTAURANT

Entity Type

Domestic Corp

Date Filed

Sep 29 1986

Account Status

Active

Corporation Position

Name

Address

President

JOSEPH J CASCIO JR

3316 N 131ST CIRCLE
OMAHA, NE 681640000

Secretary

JOSEPH J CASCIO JR

3316 N 131ST CIRCLE
OMAHA, NE 681640000

Treasurer

JOSEPH J CASCIO JR

3316 N 131ST CIRCLE
OMAHA, NE 681640000

Director

JOSEPH J CASCIO JR

3316 N 131ST CIRCLE
OMAHA, NE 681640000

Director

SHARON CASCIO

3316 N. 131ST CIR
OMAHA, NE 68164

STATE OF NEBRASKA ♦ SECRETARY OF STATE'S OFFICE
1445 "K" STREET • STATE CAPITOL SUITE 1301 • LINCOLN, NE • 68509
BUSINESS SERVICES DIVISION

CORPORATIONS

P.O. BOX 94608
(402) 471-4079
FAX: 471-3666

UNIFORM COMMERCIAL CODE

P.O. BOX 95104
(402) 471-4080
FAX: 471-4429

NOTARY

P.O. BOX 95104
(402) 471-2558
FAX: 471-4429

JOHN A. GALE
Secretary of State

www.sos.state.ne.us

RECEIVED

SEAN T. MULLEN
12829 W. DODGE RD. #100
OMAHA, NE 68154

NOV 12 2011

NEBRASKA LIQUOR
CONTROL COMMISSION

July 25, 2012

ACKNOWLEDGEMENT OF FILING

The document(s) listed below were filed with the Nebraska Secretary of State's Office, Corporation Division. A label has been affixed to each filing signifying the filing stamp for the Nebraska Secretary of State's Office, Corporation Division. This filing label indicates the date and time of the filing and also references a document number that can be used to reference this filing in the future.

Please remember it is your responsibility to notify the Secretary of State's office of any change(s) in the information you filed.

ACKNOWLEDGEMENT OF FILING FEES RECEIVED

Action/Service	Company/Entity Name	Fee Received
Certificate of Revival	RETROACTIVE, INC.	25.00
Per Page Charge	RETROACTIVE, INC.	5.00
Interest	RETROACTIVE, INC.	6.26
Tax Return	RETROACTIVE, INC.	78.00
New Name	RETROACTIVE, INC.	25.00
Per Page Charge	RETROACTIVE, INC.	5.00
Change of Agent or Office	RETROACTIVE, INC.	25.00
Per Page Charge	RETROACTIVE, INC.	5.00
	Total Fees Received	\$174.26

Royene Douglas
Filing Officer

AMENDMENT
TO
ARTICLES OF INCORPORATION
OF THE METRO, INC.

RECEIVED
JUL 23 2012
NEBRASKA LIQUOR
CONTROL COMMISSION

Pursuant to the provisions of Section 21, 20, 116, 21-20, 118, 21-20, 121, 21-2203 and 21-2206 of the Reissued Revised Statutes of Nebraska, known as the Nebraska Business Corporation Act, the undersigned corporation adopted the following Amendment to its Articles of Incorporation:

ARTICLE I.

The name of the corporation shall be

RETROACTIVE, INC.

The foregoing amendment to the Articles of the Incorporation was approved unanimously by the Board of Directors and the board recommended the adoption of the amendment to the shareholders on the 17th day of July, 2012 in the manner provided by the Nebraska Business Corporation Act. There are 1,000 shares outstanding and all 1,000 shares voted for the amendment. The amendment was adopted on July 17, 2012.

Dated this 23 day of July, 2012.



Joe Cascio, Inc.
President

ATTEST:

DOMESTIC CHANGE OF REGISTERED AGENT and/or OFFICE

Submit in Duplicate

John A. Gale, Secretary of State
Room 1301 State Capitol P.O. Box 94608
Lincoln, NE 68509
http://www.sos.state.ne.us



NEBRASKA LIQUOR CONTROL COMMISSION
NOV 3 2 2012

The following corporation, pursuant to the laws of the state of Nebraska, does hereby wish to change its Registered Agent and/or Registered Office.

Name of Corporation THE METRO, INC. 0865435

Previous: Registered Agent: DENNIS E. MARTIN
Registered Office: SUITE 400 8712 WEST DODGE ROAD OMAHA NE 68114

New: Registered Agent: SEAN T. MULLEN
Registered Office*: 12829 W. DODGE RD., #100 OMAHA NE 68154

* The street address of the registered office and the street address of the registered agent must be identical.

DATED July 23 2012

Signature of Joe Cascio, Jr.
JOE CASCIO, JR./PRESIDENT
Printed Name/Title

NOTE: Every filing must be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary. Signing a false document which is filed or attempted to be filed with the Secretary of State is a Class I Misdemeanor, subject to up to one year imprisonment or a \$1000 fine, or both.

Registered Agent: Please check A (current agent) or B (new agent) below and sign

[] A. I hereby state that the above named corporation has been notified of the change in address of my registered office.

[X] B. I hereby consent to act as registered agent for the above named corporation.

Signature of Sean Mullen
Signature of Registered Agent

FILING FEE: \$30.00
Revised 7/18/2008

Neb. Rev. Stat. §21-2032

**CERTIFICATE OF REVIVAL OR RENEWAL
DOMESTIC CORPORATIONS**

John A. Gale, Secretary of State
Room 1301 State Capitol, P.O. Box 94608
Lincoln, NE 68509
<http://www.sos.state.ne.us>



Submit in Duplicate

Name of Corporation THE METRO, INC.

NEBRASKA LIQUOR

The corporation was dissolved by the Secretary of State on

CONTROL COMMISSION

Date APRIL, 2008,
Year

for (check one)

A. Nonpayment of occupational taxes

B. Failure to maintain a registered agent

C. Expiration of corporate existence

D. Failure to file Nebraska Report of Agricultural Activity

The above named grounds for dissolution either did not exist or have been eliminated, and the corporate name complies with the requirements of Neb. Rev. Stat. 21-2028.

DATED

4/4/12

Joseph J. Cascio Jr
Signature

JOSEPH J. CASCIO JR
Printed Name/Title

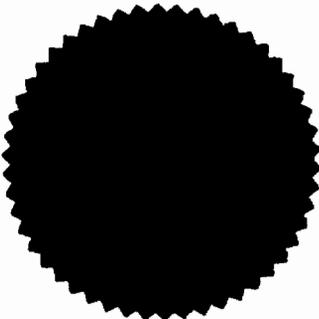
NOTE: Every filing must be signed by the chairperson of the board of directors, the president, or one of the officers of the corporation. If the corporation has not yet been formed or directors have not yet been selected, the filing shall be signed by an incorporator. If the corporation is in the hands of a receiver, trustee, or other court appointed fiduciary, the filing shall be signed by that fiduciary.

FILING FEE: \$30.00

CERTIFICATE OF REINSTATEMENT

I, JOHN A. GALE, Secretary of State, do hereby cancel the certificate of dissolution and reinstate the above named corporation as a corporation in good standing to do business in the State of Nebraska, and further state that the grounds for dissolution of the corporation did not exist or have been eliminated.

IN TESTIMONY WHEREOF, I do hereby affix the Great Seal of the State of Nebraska.



RECEIVED

JUN 12 2011

STATE OF NEBRASKA



Dave Heineman
Governor

NEBRASKA LIQUOR
CONTROL COMMISSION

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe

Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509 5046
Phone (402) 471 2571
Fax (402) 471-2814 or (402) 471 2374
TRS USER 800 833-7352 (TTY)
web address: <http://www.lcc.ne.gov/>

BUSINESS PLAN

PLAN to open - doing STANUP COMEDY
PLAYING OLD RETRO MUSIC, GOING AFTER
35+ CROWD. PLUS. SPECIAL EVENT
RENTALS,

Joseph J. Cascio Jr

Janice M. Wiebusch
Commissioner

Robert Batt
Chairman

William F. Austin
Commissioner

**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.ne.gov

Office Use
NOV 12 2011
NEBRASKA LIQUOR
CONTROL COMMISSION

MUST BE:

- ✓ **Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport**
- ✓ **Nebraska resident. Include copy of voter registration in the State of Nebraska**
- ✓ **Fingerprinted. Two cards per person, fees of \$38 per person, made payable to Nebraska State Patrol. If printed at NSP mail check only.**
- ✓ **21 years of age or older**

Corporation/LLC information

Name of Corporation/LLC: Retro Active Inc -

Premise information

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

Premise Trade Name/DBA: Retro Metro -

Premise Street Address: 1516 JONES

City: Omaha County: Douglas Zip Code: 68107

Premise Phone Number: 402-968-7863

Email address: JOE.CASLOW@COX.NET

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

Joseph J. Caslow Jr

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

NOV 12 2013

Manager's information must be completed below PLEASE PRINT CLEARLY

NEBRASKA LIQUOR CONTROL COMMISSION

Last Name: CASCIU Jr. First Name: Joseph MI: 5

Home Address (include PO Box if applicable): 3316 N 131

City: Omaha County: Douglas Zip Code: 68164

Home Phone Number: 402-493-0189 Business Phone Number: 918-7863 per email 11/14

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

Date Of Birth: _____ Place Of Birth: Omaha

Email address: JOE CASCIU @ COX.NET

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: CASCIU First Name: SHARON MI: K

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

Date Of Birth: _____ Place Of Birth: Omaha, 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
<u>Omaha Nebr-</u>					
<u>SHARON CASCIU</u>	<u>1951</u>	<u>2014</u>			
<u>JOE CASCIU-</u>	<u>1944</u>	<u>2014</u>			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1985	2014	SELF		402-468-7563

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.

NOV 12 2014

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	NEBRASKA LIQUOR CONTROL DISPOSITION
JOE CASCIO	8 to 10 YEARS		Speeding ticket	
SHARON CASCIO	N/A			

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

WILL TAKE TRAINING —

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

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

NOV 17 2011

NEBRASKA LIQUOR

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
JOE CASELO —	8 to 10 YEARS AGO —	JOSEPHS 1516 JAMES —

*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:
JOSEPHS-1516 James —	8 to 10 YEARS 1960 —	

5. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application?
 (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

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.

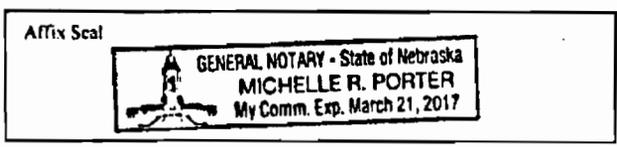
Joseph J. Cascio Jr Signature of Manager Applicant
_____ Signature of Spouse

see Att.

ACKNOWLEDGEMENT

State of Nebraska
County of Sancaster The foregoing instrument was acknowledged before me this
November 12, 2014 date by Joseph J. Cascio Jr. name of person acknowledged

Michelle Porter
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.

RECORDED

NOV 19 2014

NEBRASKA LIQUOR CONTROL COMMISSION

STATE OF NEBRASKA DEPARTMENT OF REVENUE

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.

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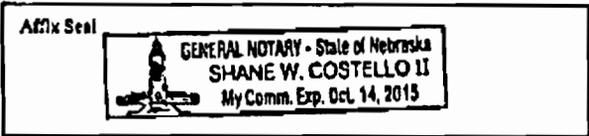
[Signature]
Signature of Manager Applicant

Sharon K. Coscio
Signature of Spouse

ACKNOWLEDGEMENT

State of Nebraska
County of Douglas The foregoing instrument was acknowledged before me this
11/12/2014 da.e by Sharon K Coscio
name of person acknowledged

[Signature]
Notary Public signature



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

PUBLIC WORKS DEPARTMENT REPORT

DATE: NOVEMBER 17, 2014

DUE DATE: NOVEMBER 24, 2014

CITY COUNCIL HEARING DECEMBER 9, 2014

APPLICANT: RETROACTIVE, INC., DBA "RETRO METRO"

LOCATION: 1516 JONES STREET

REQUESTED LICENSE OR ACTION: CLASS "C" LIQUOR LICENSE

DESIGNATION OF ADJACENT STREET (LOCAL, COLLECTOR, MINOR OR MAJOR

ARTERIAL EXPRESSWAY): Local Arterial

STREET WIDTH AND PROFILE: 59'; 5-lanes; Undivided Roadway

SPEED LIMIT: 25 mph

AVERAGE DAILY TRAFFIC AND PEDESTRIAN FLOW: 4,000 Vehs/Day

550 Peds/Day

ACCIDENT REPORT AT ADJACENT INTERSECTION: 15th + Jones Street;

(01/10/12-12/31/12) 1 accident. 15th + Jackson Streets - 0 accidents.

15th + Leavenworth Streets - 3 accidents. Jones + 14th Streets -

1 accident. Jones + 16th Streets - 1 accident.

POTENTIAL TRAFFIC AND PARKING PROBLEMS: None



(Authorized Signature)

11-18-14

(Date)

PLANNING DEPARTMENT REPORT

DATE: NOVEMBER 17, 2014

DUE DATE: NOVEMBER 24, 2014

RECEIVED

CITY COUNCIL HEARING DECEMBER 9, 2014 AM 11:49

LOCATION: 1516 JONES STREET

LEGAL DESCRIPTION LOT 6, BLOCK 171, CITY LOTS, 1 FOOT VACATED ALLEY ADJACENT & LOT 6, 66 X 133

CITY CLERK
OMAHA, NEBRASKA

APPLICANT: RETROACTIVE, INC., DBA "RETRO METRO"

REQUESTED LICENSE OR ACTION CLASS "C" LIQUOR LICENSE

NEW LOCATION (X) NEW OWNERSHIP () TYPE OF FACILITY: BAR/CLUB

THIS REQUEST DOES () DOES NOT (X) PERTAIN TO AN OUTSIDE AREA

IF SIDEWALK CAFE: R-O-W-LEASE N/A PERMITS OBTAINED N/A

IF OUTSIDE: OUTSIDE AREA IS N/A FEET FROM THE NEAREST RESIDENCE

THIS PROPERTY IS (X) IS NOT () WITHIN OMAHA'S CORPORATE LIMITS

(If not, do not proceed - Notify the City Clerk's Office and return this form)

ANNEXATION DATE: _____ ORDINANCE NO. _____ (Only if within last 24 months)

EXISTING ZONING: CBD AC1-1 EXITING LAND USE: Bar/Club

ADJACENT LAND USE AND ZONING:

NORTH: Great Business District CBD AC1-1

SOUTH: Southwest Service District DS AC1-1

EAST: Great Business District CBD AC1-1

WEST: Downtown Service District DS AC1-1

PARKING STALLS PROVIDED: Sec 55-733 District Exemptions

EXISTING USE DOES (X) DOES NOT () COMPLY WITH ZONING REGULATIONS

PLUMBING FIXTURES PROVIDED: WOMEN'S Five stools

MEN'S Two stools - Three urinals

DATE SUBJECT PROPERTY WAS POSTED: 11-20-14 nr

(Rule #7) DISTANCE OF PROPOSED LICENSE TO ANY SCHOOL, CHURCH, OR CITY PARK: OK

DISTANCE OF PROPOSED LICENSE TO ANY EXISTING LICENSE: OK

(State Law) DISTANCE OF PROPOSED LICENSE TO ANY CHURCH OK
SCHOOL OK HOSPITAL OK HOME FOR THE AGED, INDIGENT
OR VETERANS OK COLLEGE OR UNIVERSITY _____

Michael Thuerling
(Authorized Signature)

11-24-14
(Date)