

RESOLUTION NO. _____

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS D LIQUOR LICENSE APPLICATION OF CASEY'S RETAIL COMPANY DBA CASEY'S GENERAL STORE 2454, LA VISTA, NEBRASKA.

WHEREAS, Casey's Retail Company dba Casey's General Store 2454, 9542 Giles Road, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class D Liquor License, and

WHEREAS, the Nebraska Liquor Control Commission has notified the City of said application, and

WHEREAS, the City has adopted local licensing standards to be considered in making recommendations to the Nebraska Liquor Control Commission, and

WHEREAS, said licensing standards have been considered by the City Council in making its decision.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, hereby recommend to the Nebraska Liquor Control Commission approval of the Class D Liquor License application submitted by Casey's Retail Company dba Casey's General Store 2454, 9542 Giles Road, La Vista, NE.

PASSED AND APPROVED THIS 20TH DAY OF NOVEMBER, 2018.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC
City Clerk



**LA VISTA POLICE DEPARTMENT
INTER-DEPARTMENT MEMO**

TO: Pam Buethe, City Clerk

FROM: Robert S. Lausten, Police Chief

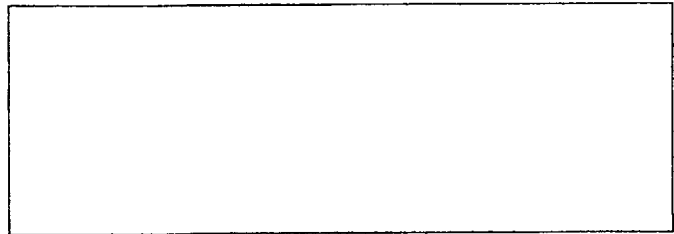
DATE: November 6, 2018

RE: Application for Liquor License Class Change from B to D

The La Vista Police Department has reviewed the application by Casey's and no concerns were identified by the police department. The Manager listed, Tina Krings, has no record.

**APPLICATION FOR LIQUOR LICENSE
RETAIL**

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



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

- | | | |
|-------------------------------------|---|---|
| | RETAIL LICENSE(S) | <u>Application Fee \$400 (nonrefundable)</u> |
| <input type="checkbox"/> | A BEER, ON SALE ONLY | |
| <input type="checkbox"/> | B BEER, OFF SALE ONLY | |
| <input type="checkbox"/> | C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE | |
| <input checked="" type="checkbox"/> | D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY | |
| <input type="checkbox"/> | I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY | |
| <input type="checkbox"/> | J LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120 | |
| <input type="checkbox"/> | AB BEER, ON AND OFF SALE | |
| <input type="checkbox"/> | AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE | |
| <input type="checkbox"/> | IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY | |

Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- Individual License (requires insert 1 FORM 104)
- Partnership License (requires insert 2 FORM 105)
- Corporate License (requires insert 3a FORM 101 & 3c FORM 103)
- Limited Liability Company (LLC) (requires form 3b FORM 102 & 3c FORM 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 MIKAEL LAGE, STORE OPERATIONS Phone number: 515-965-6517

Firm Name CASEY'S RETAIL COMPANY, STORE OPERATIONS-LICENSING

PREMISES INFORMATION

Trade Name (doing business as) CASEY'S GENERAL STORE #2454

Street Address #1 9542 GILES ROAD

Street Address #2 _____

City LA VISTA County SARPY **#59** Zip Code 6818 **68128**

Premises Telephone number 402-592-6502

Business e-mail address mikael.lage@caseys.com

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

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

Name CASEY'S RETAIL COMPANY, ATTN: MIKAEL LAGE

Street Address #1 PO BOX 3001

Street Address #2 _____

City ANKENY State IA Zip Code 50021

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**

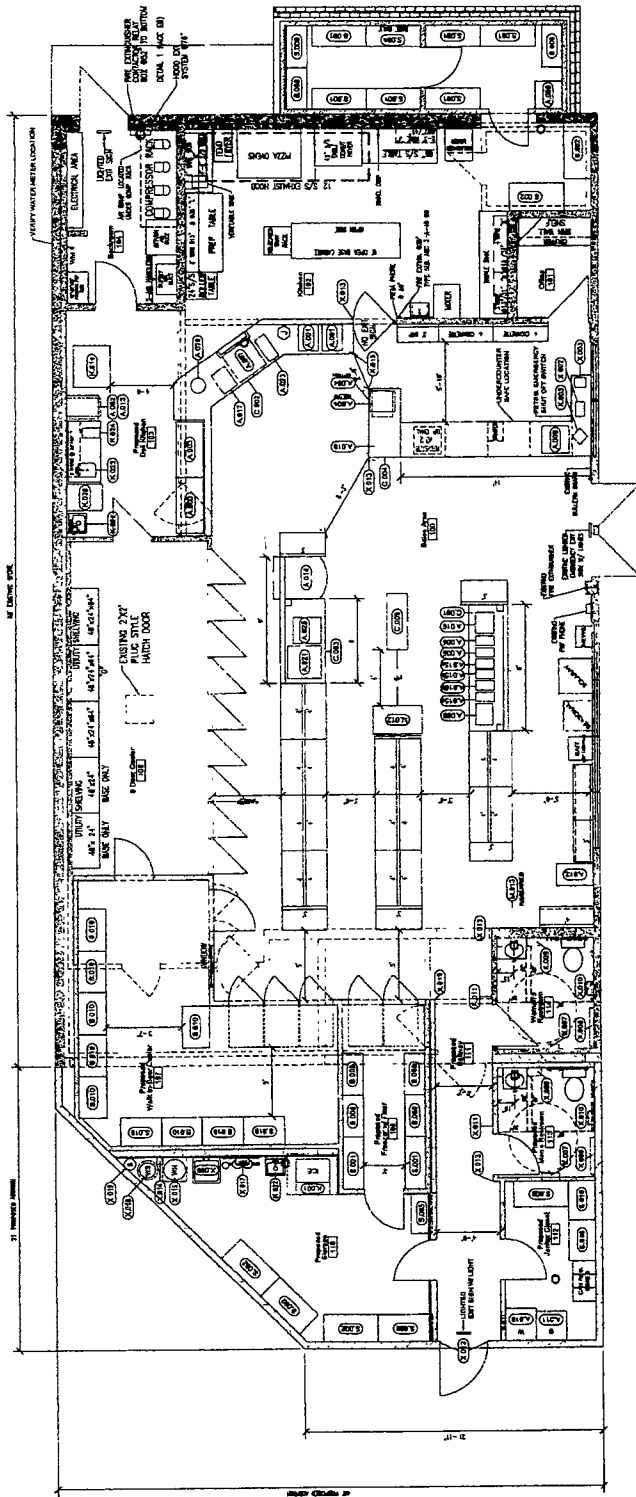
Building: length 89' x width 40' in feet
Is there a basement? Yes _____ No xxx If yes, length _____ x width _____ in feet
Is there an outdoor area? Yes _____ No xxx If yes, length _____ x width _____ in feet

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

one story building approx 89 x 40

General Notes

- 1) ALL CASES AND STALLS SHALL BE CONSIDERED ANCHORED TO WALL. ALL LOWER PARTS CONTAINING AT LEAST 2" X 2" SCHEDULE 40S SHALL EXTEND 18" FROM THE WALL. FROM WALL OR FROM WALL SHALL BE 18" FROM WALL. ON THE OTHER SIDE, VERTICAL SHALL BE 18" FROM WALL.
- 2) WHERE APPLICABLE, REPLACE WOOD CABINETS IN RESTROOMS WITH METAL. METAL CABINETS SHALL BE 18" FROM WALL. TO BE REPLACED WITH WIREMESH CEILING TO MEET VENTILATION. TO BE REPLACED BY CASES AFTER.
- 3) REMOVE 1" CASES AFTER.



1 Equipment Plan
10'-11" 0"

Equipment Schedule

NO.	DESCRIPTION	QTY	UNIT	DETAILS	NOTES	REMARKS
1	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
2	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
3	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
4	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
5	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
6	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
7	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
8	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
9	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
10	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
11	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
12	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
13	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
14	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
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51	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
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99	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	
100	1/2" SCHEDULE 40S	1	PIECE	SEE DETAIL	ANCHORED TO WALL	

Perkowitz + Ruth
ARCHITECTS

1111 15th Street, N.W.
Washington, D.C. 20004
Tel: (202) 331-1111
Fax: (202) 331-1112

CASEYS
CONSTRUCTION DIVISION

One Commonwealth Blvd., 100 West Liberty Avenue, 100 West Liberty Avenue
L.A. York, NE #2344
8542 Orama Road
(Charmwood - Roof-Slip Bar)
Tel: (301) 271-1111
Fax: (301) 271-1112

EQUIPMENT
PLAN

PROJECT NO. 100-101

DATE: 10/1/00

BY: JAMES DAMON

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. **Include traffic violations.** Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

XXX 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
PLEASE SEE THE ATTACHED SPREADSHEET				

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

_____ YES XXX 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?

XXX YES _____ NO

If yes, give name and license number CASEY'S RETAIL COMPANY- B080181

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

_____ YES XXX 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.

Nebraska Liquor Control Commission-
 Application for Liquor License Checklist-
 Retail, Applicant Information Question #1

Name of Applicant	Date of Conviction	Where Convicted	Description of Charge	Disposition
William Walljasper	2017	Windsor Heights, Iowa	Speeding Ticket- Camera	Paid
Darryl Bacon	Unknown	Iowa	Two speeding tickets issued in lifetime- both non-alcohol related.	Paid
Douglas Beech	Unknown	Iowa	Two non-alcohol related speeding ticket issued in lifetime.	Paid
Richardt Schappert	Unknown	Iowa	Non-alcohol related speeding tickets issued in lifetime.	Paid
Cindi Summers	Unknown	Iowa	One non-alcohol related speeding tickets issued in lifetime.	Paid
Jay Soupene	Unknown	Unknown	Non-alcohol related speeding tickets issued in lifetime.	Paid
Tina Krings	Unknown	Unknown	One non-alcohol related speeding tickets issued in lifetime.	Paid

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

_____ YES XXX NO

If yes, list the lender(s) _____

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

_____ YES XXX 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 XXX 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 XXX 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)

Provide letter of support or opposition, see FORM 134 – church or FORM 135 - campus

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

_____ YES XXX 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.

UMB BANK- PO BOX 419226, KANSAS CITY, MO 64141- CASEY'S CORPORATE ACCOUNT DEPARTMENT

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.

CASEY'S RETAIL COMPANY HOLDS ALCOHOL LICENSES IN THE STATE OF: IL, KS, MN, ND, NE, AND SD. PLEASE SEE THE FULL LIST ATTACHED.

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
TINA KRINGS	05/29/2013	RESPONSIBLE HOSPITALITY COUNCIL

List of NLCC certified training programs

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
TINA KRINGS, DISTRICT MANAGER FOR CASEY'S RETAIL COMPANY	09/10/2001-PRESENT	CASEY'S GENERAL STORES, INC, ONE SE CONVENIENCE BLVD, ANKENY, IA 50021

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 _____
 XXX Deed
 _____ Purchase Agreement

14. When do you intend to open for business? UPGRADE TO CLASS D, LIQUOR LICENSE

15. What will be the main nature of business? CONVENIENCE STORE- GAS STATION

16. What are the anticipated hours of operation? 5A-12P ALL DAYS

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
PLEASE SEE THE ATTACHED LIST					

If necessary attach a separate sheet.

CASEY'S RETAIL COMPANY

OFFICERS AND SPOUSES
ATTACHMENT FOR QUESTION #17

John C. Soupene, President and Spouse: Amy Beth Soupene

2006-2008: US Army, 125 Harvest Loop, Harker Heights, TX 96548

2008-2011: US Army 1017 NE 24th Court, Ankeny, IA 50021

2011- Present: 3150 NW 82nd Avenue, Ankeny, IA 50023

Richardt T. Schappert, Vice President and Spouse: N/A

2003-2015: 1950 Copper Wynd Court, Pleasant Hill, IA 50327

2015- Present: 2911 – 152nd Court, Urbandale, IA 50323

Darryl F. Bacon, Vice President and Spouse: N/A

1996-2016: 1227 Lake Shore Drive, Altoona, IA 50009

2016- Present: 8717 SE 26th Avenue, Runnells, IA 50237

Cindi W. Summers, Vice President and Spouse: Alan Summers

2004-2015: 2306 NW Park Meadows, Ankeny, IA 50023

2015- Present: 12082 NE 66th Street, Bondurant, IA 50035

Julia L. Jackowski, Secretary and Spouse: Thomas Jackowski

1999- Present: 9813 Iltis Drive, Urbandale, IA 50322

William J. Walljasper, Treasurer and Spouse: Laura Ann Walljasper

2004- Present: 2112 SW Woodside Court, Ankeny, IA 50023

Douglas M. Beech, Assistant Secretary and Spouse: Nanette Beech

2007-Present: 729 NE Brook Haven Drive, Ankeny, IA 50021

APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

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

Office Use

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form MUST be included with your application.
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License Form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation

Name of Registered Agent: CT CORPORATION

Name of Corporation that will hold license as listed on the Articles
CASEY'S RETAIL COMPANY

Corporation Address: PO BOX 3001, ONE SE CONVENIENCE BLVD

City: ANKENY State: IOWA Zip Code: 50021

Corporation Phone Number: 515-965-6517 Fax Number: 515-965-6205

Total Number of Corporation Shares Issued: NONE

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

Last Name: SOUPENE First Name: JOHN MI: C.

Home Address: 3150 NW 82ND AVENUE City: ANKENY

State: IOWA Zip Code: 50023 Home Phone Number: _____

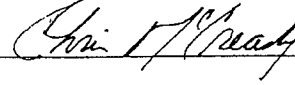

Signature of President/CEO JOHN C. SOUPENE, PRESIDENT FOR CASEY'S RETAIL COMPANY


ACKNOWLEDGEMENT

State of IOWA
County of POLK

SEPTEMBER 25, 2018
Date

The foregoing instrument was acknowledged before me this
by JOHN C. SOUPENE, PRESIDENT FOR CASEY'S RETAIL COMPANY
name of person acknowledge



Affix Seal	 <p>CHRIS MCCREEDY Commission Number 158693 MY COMM. EXP. <u>11-29-2020</u></p>
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List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: SOUPENE First Name: JOHN MI: C.

Social Security Number: _____ Date of Birth: _____

Title: PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): AMY BETH SOUPENE, NON PARTICIPATING SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: SCHAPPERT First Name: RICHARDT MI: T.

Social Security Number: _____ Date of Birth: _____

Title: VICE-PRESIDENT Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: BACON First Name: DARRYL MI: F.

Social Security Number: _____ Date of Birth: _____

Title: VICE-PRESIDENT Number of Shares 0

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

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: SUMMERS First Name: CINDI MI: W.

Social Security Number: _____ Date of Birth: _____

Title: VICE-PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): ALAN SUMMERS, NON PARTICIPATING SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

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

Last Name: JACKOWSKI First Name: JULIA MI: L

Social Security Number: _____ Date of Birth: _____

Title: SECRETARY Number of Shares 0

Spouse Full Name (indicate N/A if single): THOMAS JAMES JACKOWSKI, NON PARTICIPATING SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: BEECH First Name: DOUGLAS MI: M

Social Security Number: _____ Date of Birth: _____

Title: ASST. SECRETARY Number of Shares 0

Spouse Full Name (indicate N/A if single): NANETTE JOELL BEECH, NON PARTICIPATING SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: WALLJASPER First Name: WILLIAM MI: J

Social Security Number: _____ Date of Birth: _____

Title: TREASURER Number of Shares 0

Spouse Full Name (indicate N/A if single): LAURA ANN WALLJASPER, NON PARTICIPATING SPOUSE

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: _____

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, complete controlling corporation insert form 185

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

Starting Date: MAY 1

Ending Date: APRIL 30

Is this a Non-Profit Corporation?

YES

NO

If yes, provide the Federal ID # _____

**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

Office Use

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 card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: CASEY'S RETAIL COMPANY

Premises information

Liquor License Number: 080181 Class Type B (if new application leave blank)

Premises Trade Name/DBA: CASEY'S GENERAL STORE #2454

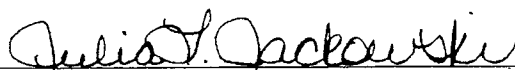
Premises Street Address: 9542 GILES RD

City: LA VISTA County: SARP Zip Code: 68128

Premises Phone Number: 402-592-6502

Premises Email address: mikael.lage@caseys.com

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. To see authorized officers or members search your license information [here](#).



JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S RETAIL COMPANY

SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: KRINGS First Name: TINA MI: M

Home Address: 1212 BLUE STEM CIRCLE

City: NORFOLK County: MADISON Zip Code: 68701

Home Phone Number: _____

Driver's License Number & State: _____

Social Security Number: _____

Date Of Birth: _____ Place Of Birth: _____

Email address: tina.krings@caseys.com

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: _____ First Name: _____ MI: _____

Social Security Number: _____

Driver's License Number & State: _____

Date Of Birth: _____ Place Of Birth: _____

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
NORFOLK, NE	1967	CURRENT			

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
9/01	CURRENT	CASEY'S GENERAL STORES	JAN KONRAD	515-965-6517
01-98	08/01	ARNOLD ENGINEERING	PLANT CLOSED	NA

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, **include traffic violations**. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. 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
PLEASE SEE THE ATTACHED				

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):

CASEY'S GENERAL STORES - MULTIPLE NEBRASKA STORES- PLEASE SEE LIST

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business?

YES NO

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

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

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
TINA KRINGS	04/14/16-04/14/2019	RESPONSIBLE HOSPITALITY COUNCIL MANAGEMENT TRAINING

*For list of NLCC Certified Training Programs see [training](#)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed form 157 regarding fingerprints?

YES NO

**CERTIFICATE OF COMPLETION
RESPONSIBLE HOSPITALITY COUNCIL
MANAGEMENT TRAINING**

This certificate is awarded to

Tina Krings

For completing the Hospitality Insider Training and Lincoln Server/Seller Permit
May 29, 2013

RESPONSIBLE HOSPITALITY COUNCIL

Signature


Signature

Date

Date

5-9-13

5/9/13


RESPONSIBLE HOSPITALITY COUNCIL