

**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 3820, LA VISTA, NEBRASKA.

WHEREAS, Casey's Retail Company dba Casey's General Store 3820, 7828 S. 123<sup>rd</sup> Plaza, 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 3820, 7828 S. 123<sup>rd</sup> Plaza, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 19TH DAY OF FEBRUARY, 2019.

CITY OF LA VISTA

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Douglas Kindig, Mayor

ATTEST:

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Pamela A. Buethe, CMC

City Clerk

## APPLICATION FOR LIQUOR LICENSE RETAIL

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MAIL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE (402) 471-2371  
FAX (402) 471-2814  
Website [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

RECEIVED

JAN 17 2019

NEBRASKA LIQUOR

CONTROLLER

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

RETAIL LICENSE(S) Application Fee \$400 (nonrefundable)

- 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
- J LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120
- 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

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 #3820Street Address #1 7828 S 123RD PLAZA

Street Address #2 \_\_\_\_\_

City LA VISTACounty SARPYZip Code 6812768126Premises Telephone number 402-934-4470Business e-mail address mikael.lage@caseys.comIs 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 LAGEStreet Address #1 PO BOX 3001

Street Address #2 \_\_\_\_\_

City ANKENYState IAZip 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 40'9" x width 46' in feetIs there a basement? Yes        No xxxIf yes, length        x width        in feetIs there an outdoor area? Yes        No xxxIf yes, length        x width        in feetPROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

7828 5123rd Plaza  
LaVista

8 PUMPS TOTAL  
1 PUMP 3 HANDLES  
1 PUMP 4 HANDLES  
6 TWIN

YEAR BUILT 2007

1 STORY  
COFFEE KIOSK

Beer coolers

46.0

2007 YEAR BLT  
1 STORY  
CONVENIENT MART  
CLASS "D"  
BRICK WALLS  
HVAC  
16' STY HGT

139.0' 91.0' 101.0'  
*Cashier*  
METAL CANOPY 57' X 120'

**VACANT**

15.5'  
20.0'  
CLASS D

48 LF 9 HGT CEMENT PROPANE ENCLOSURE  
 22 LF 6 HGT METAL PROPANE METAL ENCLOSURE  
 38 LF 9 HGT CONCRETE TRASH X 2  
 10 LF 6 HGT METAL TRASH  
 38 LF 4 HGT METAL FENCE  
 CONCRETE PAVING - 37,074 SF  
 CONCRETE CURB - 892 LF  
 5-30' LIGHT POLES  
 6 LIGHT FIXTURES

160' 0"	6 BAYS	53'	50.0 <sup>3</sup>
E OSE	27'	1250' 0" SF	2007 YEAR BLT 1 STORY --- STRIP-RETAIL --- CLASS "C" HVAC STY HGT 15' WET SPRINKLER BRICK WALLS

### Sketch by April Sketch

2

## 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.

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  NO

If yes, give name of business and liquor license number FANTASY'S INC./ D121590

- 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 FANTASY'S INC./ D121590

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

YES  NO

If yes:

- a) Attach temporary operating permit (TOP) (Form 125)
- b) TOP will only be accepted at a location that currently holds a valid liquor license.

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)

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**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

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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.

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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**

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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.**

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

- 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 \_\_\_\_\_  
 Deed  
 Purchase Agreement

14. When do you intend to open for business? 3-4-19 as Casey's General Store #3820

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

16. What are the anticipated hours of operation? 5A-11P 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 FROM TO		SPOUSE CITY & STATE	YEAR FROM TO	
PLEASE SEE THE ATTACHED LIST					

If necessary attach a separate sheet.



## CASEY'S GENERAL STORES, INC.

P.O. Box 3001 • One SE Convenience Blvd • Ankeny, Iowa • 50021-8045 • 515-965-6100

### RESIDENCES FOR THE PAST 10 YEARS

- JOHN CRANMER SOUPENE, PRESIDENT  
U. S. ARMY, 125 HARVEST LOOP, HARKER HEIGHTS TX 96548 2006-2008  
U. S. ARMY, 1017 NE 24TH CT, ANKENY, IA 50021 2008-2011  
3150 NW 82ND AVE, ANKENY, IA 50023 2011-PRESENT
- RICHARDT TOBIAS SCHAPPERT, VICE PRESIDENT  
1950 COPPER WYND COURT, PLEASANT HILL IA 50327, 2003 UNTIL AUG 2015  
2911-152ND COURT, URBANDALE, IA 50323 EFFECTIVE AUG 2015-PRESENT
- DARRYL F. BACON, VICE PRESIDENT  
1227 Lake Shore Dr. Altoona, Iowa 50009 FOR 20 YEARS until June 2016  
8717 SE 26th Ave, Runnels, IA 50237 June 2016 to PRESENT
- CINDI WEBB SUMMERS, VICE PRESIDENT  
2306 NW PARK MEADOWS, ANKENY, IA 50023 2004-2015  
12082 NE 66TH ST, BONDURANT, IA 50035 2015 TO PRESENT
- JULIA LYNN JACKOWSKI, SECRETARY  
90-99: 6302 BOSTON AVE, DM, IA 50322  
99-PRESENT: 9813 ILTIS DRIVE, URBANDALE, IA 50322
- WILLIAM JAMES WALLJASPER, TREASURER  
2112 SW WOODSIDE COURT – ANKENY IA 50023, 2004 – PRESENT  
1301 N BANBURY ROAD – ANKENY IA 50021, 1994 – 2004
- DOUGLAS MARSHALL BEECH, ASSISTANT SECRETARY  
ADDRESS FOR LAST 10 YEARS: 729 NE BROOKHAVEN DRIVE, ANKENY, IA 50021
- TINA M. KRINGS  
1212 BLUE STEM CIRCLE, NORFOLK, NE 68701 1967 TO PRESENT

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.

**Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34

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



Signature of Applicant

JOHN C SOUPENE, PRESIDENT FOR CASEY'S RETAIL COMPANY

Print Name

Signature of Spouse

Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

#### ACKNOWLEDGEMENT

State of Nebraska  
County of POLK/OWA

01/25/2019

by JOHN C SOUPENE

The foregoing instrument was acknowledged before me this

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



**CHRIS MCCREADY**  
Commission Number 158883  
MY COMM. EXP. 11/29/2020

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 cause 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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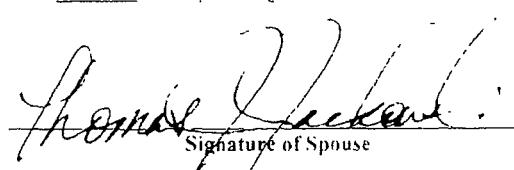
**Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28 CFR 16.34.

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

  
Signature of Applicant

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

Print Name

  
Signature of Spouse

THOMAS JACKOWSKI, NON-PARTICIPATING  
SPOUSE OF JULIA JACKOWSKI

Print Name

  
Signature of Applicant

RICHARD T. SCHAPPERT, VICE PRESIDENT FOR  
CASEY'S RETAIL COMPANY

Print Name

  
Signature of Spouse

N/A

Print Name

#### ACKNOWLEDGEMENT

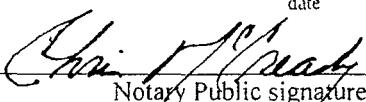
State of IOWA

County of POLK

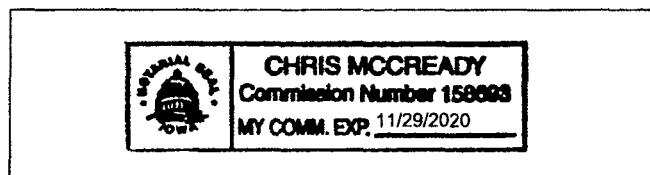
OCTOBER 10TH, 2019

The foregoing instrument was acknowledged before me this  
by JULIA JACKOWSKI, THOMAS JACKOWSKI, RICHARDT SCHAPPERT

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

  
Notary Public signature

date



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.nebraska.gov](http://www.lcc.nebraska.gov)

Office Use

**RECEIVED**

JAN 17 2019

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. 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 (must show electronic stamp or barcode receipt by Secretary of States Office)

Name of Registered Agent: \_\_\_\_\_

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

**CASEY'S RETAIL COMPANY**

PO BOX 3001, ONE CONVENIENCE BLVD

Corporation Address: \_\_\_\_\_

City: **ANKENY**

State: **IA**

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 AVE**

City: **ANKENY**

State: **IA**

Zip Code: **50023**

Home Phone Number: \_\_\_\_\_



**Signature of President/CEO**

**ACKNOWLEDGEMENT**

State of Nebraska **POLK/IAWA**

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

1/10/19

JOHN C SOUPENE, PRESIDENT FOR CASEY'S RETAIL COMPANY

by \_\_\_\_\_

name of person acknowledge

Date 

Affix Seal		CHRIS MCCREADY Commission Number 150009 MY COMM. EXP. 11/29/2020	
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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**

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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**

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 J JACKOWSKI**

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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Last Name: **BEECH** First Name: **DOUGLAS** MI: **M**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Title: **VICE PRESIDENT** Number of Shares **0**

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

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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**

Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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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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Is the applying corporation controlled by another corporation/company?

YES

If yes, provide the following:

1) Name of corporation CASEY'S GENERAL STORES, INC.  
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)

### Is this a Non-Profit Corporation?

YES       NO

If yes, provide the Federal ID # \_\_\_\_\_

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

**MANAGER APPLICATION  
INSERT - FORM 3c**

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

Office Use

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JAN 17 2019

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 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

**Corporate information**

Name of Corporation/LLC: CASEY'S RETAIL COMPANY

**Premise information**

Liquor License Number: NEW STORE Class Type D (if new application leave blank)

Premise Trade Name/DBA: CASEY'S GENERAL STORE #3820

Premise Street Address: 7828 S 123RD PLAZA

City: LA VISTA County: SARPY Zip Code: 68127

Premise Phone Number: 515-446-6404 CORPORATE ASSIGNED

Premise 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

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: **NORFOLD** 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**

YES

NO

Spouses Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License Number & State: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
<b>NORFOLD, NE</b>	<b>1967</b>	<b>CURRENT</b>			

**MANUFACTURER'S/IMPORTER'S INFORMATION**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
09/01	CURRENT	CASEY'S GENERAL STORE	JAN KONRAD	515-965-6517
01/98	08/01	ARNOLD ENGINEERING	PLANT CLOSED	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, 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 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	04/14/2016-04/14/2019	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 147 regarding fingerprints?

YES       NO

**PERSONAL DATA AND STATEMENT OF ACCURACY**

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.

***Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*



Signature of Manager Applicant

Signature of Spouse

**ACKNOWLEDGEMENT**

State of Nebraska

County of POLK/IOWA

The foregoing instrument was acknowledged before me this

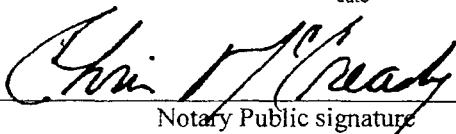
1/9/2019

by

**TINA M. KRINGS**

NAME OF PERSON BEING ACKNOWLEDGED

date



Notary Public signature

Affix Seal



**CHRIS MCCREADY**  
Commission Number 158003  
My Comm. Exp. 11/29/2020

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.

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

This certificate is awarded to

**Tina Krings**

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

**RESPONSIBLE HOSPITALITY COUNCIL**

Signature

Signature

5-4-13

Date

Date



RESPONSIBLE HOSPITALITY COUNCIL

Store	City	State	County	Permit Type	Effective	Expiration	Permit #
1565	WYMORE	NE	GAGE	BEER	05/01/2018	04/30/2019	B20970
1575	CRETE	NE	SALINE	BEER	05/01/2018	04/30/2019	B76412
1576	HEBRON	NE	THAYER	BEER	05/01/2017	04/30/2019	B20969
1583	RED CLOUD	NE	WEBSTER	BEER	05/01/2017	04/30/2019	B24068
1595	FRANKLIN	NE	FRANKLIN	BEER	05/01/2017	04/30/2019	B22070
1600	PERU	NE	NEMaha	BEER	05/01/2017	04/30/2019	B21008
1743	ORD	NE	VALLEY	BEER	05/01/2018	04/30/2019	B67351
1744	BEATRICE	NE	GAGE	BEER	05/01/2018	04/30/2019	B29127
1759	NORTH PLATTE	NE	LINCOLN	BEER	05/01/2018	04/30/2019	B29798
1784	BEATRICE	NE	GAGE	BEER	05/01/2018	04/30/2019	B29126
1790	FALLS CITY	NE	RICHARDSON	BEER	05/01/2018	04/30/2019	B67356
1804	CENTRAL CITY	NE	MERRICK	BEER	05/01/2018	04/30/2019	B31470
1812	BLAIR	NE	WASHINGTON	BEER	05/01/2018	04/30/2019	B32442
1914	NORTH PLATTE	NE	LINCOLN	BEER	05/01/2018	04/30/2019	B35067
2038	KEARNEY	NE	BUFFALO	BEER	05/01/2017	04/30/2019	B45844
2603	JUNIATA	NE	ADAMS	BEER	05/01/2018	04/30/2019	B68088
2606	WOOD RIVER	NE	HALL	BEER	05/01/2017	04/30/2019	B68089
2656	FULLERTON	NE	NEMaha	BEER	05/01/2018	04/30/2019	B75635
2702	BEATRICE	NE	GAGE	BEER	05/01/2018	04/30/2019	B71285
2711	KEARNEY	NE	BUFFALO	BEER	05/01/2017	04/30/2019	B76263
2717	KEARNEY	NE	BUFFALO	BEER	05/01/2017	04/30/2019	B71401
2740	OSCEOLA	NE	POLK	BEER	05/01/2018	04/30/2019	B71378
2884	KEARNEY	NE	BUFFALO	BEER	05/01/2017	04/30/2019	B86848