

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. 123rd 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. 123rd Plaza, La Vista, Sarpy County, Nebraska.

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

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC

City Clerk

**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.lic.nebraska.gov

RECEIVED

JAN 17 2019

**NEBRASKA LIQUOR
CONTROL COMMISSION**

**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 INFORMATIONTrade Name (doing business as) CASEY'S GENERAL STORE #3820Street Address #1 7828 S 123RD PLAZA

Street Address #2 _____

City LA VISTACounty SARPYZip Code 5812708128Premises Telephone number 402-934-4470Business 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 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 101'91" x width 46' in feetIs 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

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?

X 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?

XXX 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 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 _____
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, Runnells, 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 Applicant

Print Name

Signature of Spouse

Print Name

Signature of Spouse

Print Name

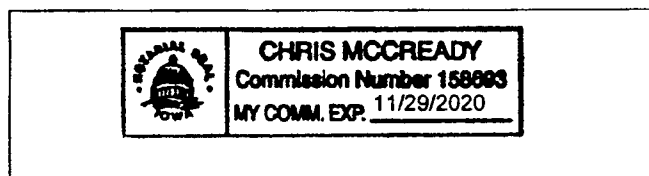
ACKNOWLEDGEMENT

State of Nebraska
County of POLK/IOWA

01/25/2019

The foregoing instrument was acknowledged before me this
JOHN C SOUPENE
by _____
name of person(s) acknowledged (individual(s) signing)





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.

Julia L. Jackowski
Signature of Applicant

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

Print Name

Thomas Jackowski
Signature of Spouse

THOMAS JACKOWSKI, NON-PARTICIPATING
SPOUSE OF JULIA JACKOWSKI

Print Name

Richard T. Schappert
Signature of Applicant

RICHARDT 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

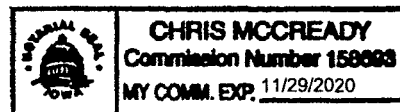
date

by

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

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

Chris McCreedy
Notary Public signature



**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

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

Corporation Address: **PO BOX 3001, ONE CONVENIENCE BLVD**

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: _____



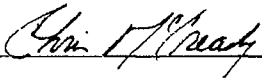
Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska **POLK/IOWA**
County of _____

1/10/19

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



CHRIS MCCREEDY
Commission Number **158093**
MY COMM. EXP. **11/29/2020**

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: _____

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

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: _____

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: _____

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: _____

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, 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)

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

RECEIVED

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/LLC 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

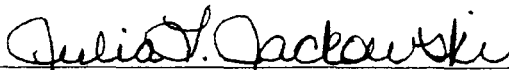
Premise Street Address: 7828 S 123RD PLAZA

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, 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

Are you married? If yes, complete spouse's information (even if a marital 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: _____

CITY & STATE		YEAR FROM	YEAR TO	CITY & STATE		YEAR FROM	YEAR TO
NORFOLD, NE		1967	CURRENT				

MANAGER/TEAM TWO EMPLOYERS

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 AND SPOUSAL AFFIDAVIT OF NON-PARTICIPATION

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.

Tina M. Krings

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

date

by

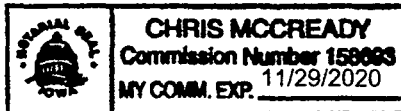
TINA M. KRINGS

NAME OF PERSON BEING ACKNOWLEDGED

Chris McCready

Notary Public signature

Affix Seal



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 Insider Training and Lincoln Server/Seller Permit
May 29, 2013

RESPONSIBLE HOSPITALITY COUNCIL

Signature

Signature

Date

Date

5-4-13

5/9/13

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