



LINCOLN POLICE DEPARTMENT  
575 South 10th Street Lincoln, NE 68508  
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

September 16, 2014

Mayor Beutler and City Council  
City of Lincoln  
City County Building  
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Hy-Vee Inc., DBA Hy-Vee Gas, 7101 Pioneers Boulevard, requesting a class D liquor license.

Scott Schlatter has requested that he be approved as manager.

This will be for a convenience store located adjacent to the existing Hy-Vee grocery store at 7151 Stacy Lane.

Hy-Vee Inc. has multiple approved liquor licenses and Scott Schlatter is currently the manager of record for multiple liquor licenses.

Scott Schlatter has not yet completed the required manager course, but is scheduled to complete the training October 9<sup>th</sup>.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

A handwritten signature in cursive script that reads "Jim Peschong".

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) ~~HY-VEE GAS~~

Street Address #1 ~~7151 STACY LANE~~

7101 Pioneers Blvd

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Street Address #2

JUL 24 2014

City LINCOLN

County Lancaster #2

NEBRASKA LIQUOR CONTROL COMMISSION  
Zip Code 68504

Premise Telephone number TBD - CORP. OFFICE 515-267-2800

Business e-mail address 1390DIRECTOR@HY-VEE.COM

Is this location inside the city/village corporate limits:



city YES



NO

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

Name HY-VEE, INC.

Street Address #1 5820 WESTOWN PARKWAY

Street Address #2

City WEST DES MOINES

State IOWA

Zip Code 50266

**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 42' 3" x width 74' 3" in feet

Is there a basement to be licensed? Yes No x If yes, length \_\_\_ x width \_\_\_ in feet

Is there an outdoor area? Yes No x If yes, length \_\_\_ x width \_\_\_ in feet

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

one story building approx 43 x 75

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APPLICANT INFORMATION

NEBRASKA LIQUOR

CONTROL 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

Table with 5 columns: Name of Applicant, Date of Conviction (mm/yyyy), Where Convicted (city & state), Description of Charge, Disposition. The table is currently empty.

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?

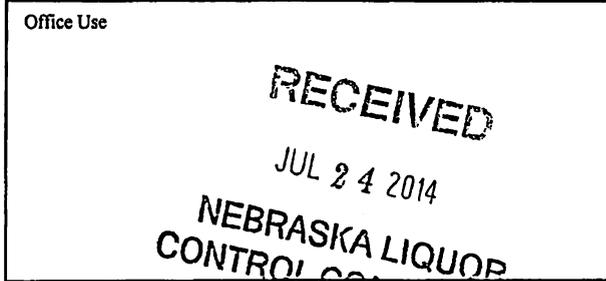
YES NO

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.

**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](http://www.lcc.ne.gov)



**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: HY-VEE, INC.

**Premise information**

Liquor License Number: \_\_\_\_\_ Class Type D  
(if new application leave blank)

Premise Trade Name/DBA: HY-VEE GAS #5

Premise Street Address: 7151 STACY LANE

City: LINCOLN County: \_\_\_\_\_ Zip Code: 68516

Premise Phone Number: TBD - CORP. OFFICE 515-267-2800

Email address: 1390DIRECTOR@HY-VEE.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. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)



**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable) Randall B. Edeker

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Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: SCHLATTER First Name: SCOTT MI: A

Home Address (include PO Box if applicable): 3325 LONGVIEW COURT

City: LINCOLN County: Zip Code: 68506

Home Phone Number: 402-483-2137 Business Phone Number: 402-489-4244

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

Date Of Birth: Place Of Birth: SUMNER, IA

Email address: 1390DIRECTOR@HY-VEE.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: SCHLATTER First Name: DEBORAH MI: M

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

Date Of Birth: Place Of Birth: WEST UNION, IA

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
LINCOLN, NE	2002	PRESENT	LINCOLN, NE	2002	PRESENT
LEE'S SUMMIT, MO	2000	2002	LEE'S SUMMIT	2000	2002
RALSTON, NE	1995	2000	RALSTON, NE	1995	2000

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1990	PRESENT	HY-VEE, INC.	PAT HENSLEY	402-350-2640
1988	1990	MBC FOODS	RICK BAKER	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. 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.

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Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (City & State)	Description of Charge	Disposition
SCOTT SCHLATTER	2005	LINCOLN, NE	SPEEDING/SEATBELT	

NEBRASKA LIQUOR CONTROL COMMISSION

**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):**

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**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

# STATE OF IOWA

County Record

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NEBRASKA LIQUOR  
CONTROL COMMISSION

BOOK \_\_\_\_\_ PAGE \_\_\_\_\_

SEQUENCE \_\_\_\_\_

<p>1. Name of Birth</p> <p>2. Sex</p> <p>3. Date of Birth</p> <p>4. Place of Birth</p> <p>5. Name of Hospital or Institution</p> <p>6. Name of Physician</p> <p>7. Date of Birth</p> <p>8. City &amp; State</p> <p>9. Name of Hospital or Institution</p> <p>10. Name of Physician</p> <p>11. Date of Birth</p> <p>12. City &amp; State</p>	<p>1. Name of Birth</p> <p>2. Sex</p> <p>3. Date of Birth</p> <p>4. Place of Birth</p> <p>5. Name of Hospital or Institution</p> <p>6. Name of Physician</p> <p>7. Date of Birth</p> <p>8. City &amp; State</p> <p>9. Name of Hospital or Institution</p> <p>10. Name of Physician</p> <p>11. Date of Birth</p> <p>12. City &amp; State</p>	<p>1. Name of Birth</p> <p>2. Sex</p> <p>3. Date of Birth</p> <p>4. Place of Birth</p> <p>5. Name of Hospital or Institution</p> <p>6. Name of Physician</p> <p>7. Date of Birth</p> <p>8. City &amp; State</p> <p>9. Name of Hospital or Institution</p> <p>10. Name of Physician</p> <p>11. Date of Birth</p> <p>12. City &amp; State</p>
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*pk*

This is to certify that the petition and consent to the election of the original and is recorded in the office, record under number of Chapter 104, Book of Iowa.

*Deane Ellison*



**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](http://www.lcc.ne.gov)

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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: CT CORPORATION

Name of Corporation that will hold license as listed on the Articles  
HY-VEE, INC.

Corporation Address: 5820 WESTOWN PARKWAY

City: WEST DES MOINES State: IOWA Zip Code: 50266

Corporation Phone Number: 515-267-2949 Fax Number: 515-559-2544

Total Number of Corporation Shares Issued: 33,880,479 (01/2010)

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

Last Name: EDEKER First Name: RANDALL MI: B

Home Address: 3703 133RD ST City: URBANDALE

State: IOWA Zip Code: 50322 Home Phone Number: \_\_\_\_\_

*Randall B. Edeker*

Signature of President/CEO Randall B. Edeker

*OK*

**ACKNOWLEDGEMENT**

State of ~~Nebraska~~ Iowa  
County of Folk

The foregoing instrument was acknowledged before me this

July 21st, 2014

by Randall B. Edeker

Date

name of person acknowledge

*Lindsey Vollstedt*

Notary Seal: **LINDSEY VOLLSTEDT**  
Commission Number 771881  
My Commission Expires 2/28/15

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NEBRASKA LIQUOR CONTROL COMMISSION

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

Last Name: EDEKER First Name: RANDALL MI: B

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

Title: PRESIDENT Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): DAWN R. HOLYMAN EDEKER

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

Last Name: MEYER First Name: STEPHEN MI: P

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

Title: SECRETARY Number of Shares \_\_\_\_\_

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

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

Last Name: PIERCE First Name: JEFFREY MI: L

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

Title: ASSISTANT TREASURER Number of Shares \_\_\_\_\_

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

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: \_\_\_\_\_

