

Lincoln



Nebraska's Capital City

February 19, 2003

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

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Gas N Shop Inc., d.b.a. Gas N Shop.

Gas N Shop Inc. has purchased two Kum & Go's located at 2243 North Cotner and 4335 North 70th. These two locations currently have liquor licenses issued to them.

Gas N Shop has requested that both locations be issued class B liquor licenses. They also request that Connie Hynek be approved as the manager of these liquor licenses.

Background information on the manager applicant is as follows:

Connie Hynek was born in Nebraska City, Nebraska. She attended Talmage High School graduating in 1961. Mrs. Hynek has been employed by Gas N Shop since 1987.

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 black ink, appearing to read "Thomas K. Casady".

THOMAS K. CASADY, Chief of Police



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) GAS N SHOP 2243 N. COTNER 4335 N. 70TH

Manager Owner Other _____

Name: CONNIE HYNEK

US Citizen ? Yes No

Has applicant ever been cited for liquor law violations ? No Yes
Explain _____

Does applicant have an interest in another liquor license ? No Yes
Explain _____

Is spouse qualified to hold a license ? Yes No N/A

How is applicant if not an owner to be paid ? Salary Hourly

How many hours will applicant be at the establishment ? 6-8 hours per wk per location

Any other employment ? No Yes, explain _____

Any previous experience with a liquor license ? Yes No

Any criminal convictions ? No Yes
Comments _____

Is applicant a property owner in Lincoln ? Yes No

Is applicant involved in any civil litigation ? No Yes
Comments _____

Photo Records Check References

Comments _____

Interview Date 2 / 19 / 03

STATE OF NEBRASKA

set date: 2/24/03
PH 3-10-03



Mike Johanns
Governor

A3-014424

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

February 6, 2003

Joan Ross, City Clerk
County City Bldg
555 So. 10th St., Ste 103
Lincoln, NE 68508

Gas 'N' Shop Inc
dba Gas 'N' Shop
2243 No Cotner
Class 'B'

Dear Local Governing Body:

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

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

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

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

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

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

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

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman

Mary Messman
Licensing Division

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

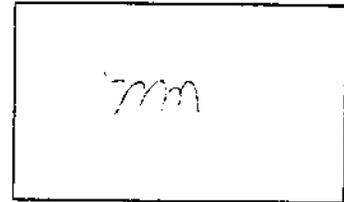
An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12 99

FILED
CITY CLERK'S OFFICE
CITY OF LINCOLN
NEBRASKA
03 FEB 10 AM 10 06

City
 Apol # 58436
 Replacing



APPLICATION FOR LICENSE
 Nebraska Liquor Control Commission
 PO Box 95046,
 301 Centennial Mall South
 Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
 Phone: (402) 471-2571
 Fax: (402) 471-2814

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/>	\$45.00	\$250.00	*\$ 1,000

STATE OF NEBRASKA

See date 2/2
PH: 3-10-03



NEBRASKA LIQUOR CONTROL COMMISSION
Forrest D. Chapman
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.nol.org/home/NLCC/>

Mike Johanns
Governor

February 6, 2003

Joan Ross, City Clerk
County City Bldg
555 So. 10th St., Ste 103
Lincoln, NE 68508

*Gas 'N' Shop Inc
dba Gas 'N' Shop
4335 No 70 St
Class 'B'*

Dear Local Governing Body:

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- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Mary Messman

Mary Messman
Licensing Division

FILED
CITY OF LINCOLN
03 FEB 10 AM 10 06
NEBRASKA

Enclosures

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

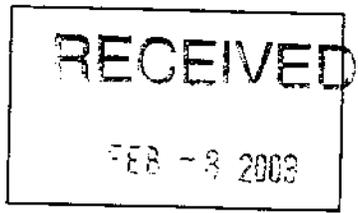
R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

City
 Replacing
 Appl. # 58439

APPLICATION FOR LICENSE
 Nebraska Liquor Control Commission
 PO Box 95046,
 301 Centennial Mall South
 Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
 Phone: (402) 471-2571
 Fax: (402) 471-2814



NEBRASKA LIQUOR CONTROL COMMISSION

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<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/>	\$45.00	\$250.00	*\$ 1,000

L Craft Brewery (Brew Pub)	\$45.00	\$250.00	min. *\$ 1,000 min.
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RECEIVED

FEB - 8 2003

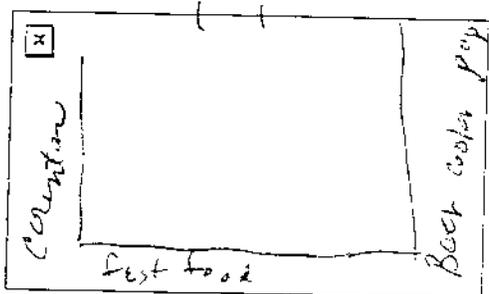
NEBRASKA LIQUOR
CONTROL COMMISSION

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION	
Type of application being applied for (check appropriate box)	<p style="text-align: right; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="text-align: right;">FEB - 8 2003</p> <p style="text-align: right; font-size: 0.8em;">NEBRASKA LIQUOR CONTROL COMMISSION</p>	
1. <input type="radio"/> Individual License requires Form 1 to be attached.		Name Dorothy Bockoven
2. <input type="radio"/> Partnership License requires Form 2 to be attached.		Firm Name Gas 'N Shop, Inc.
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Address 701 Marina Bay Place, PO Box 814	

SECTION A - LOCATION INFORMATION - Must be completed by all applicants			
Trade Name (name of business)		Telephone Number at premise to be licensed	
Gas 'N Shop			
1) Street Address of Proposed licensed premise		2) Mailing Address for receipt of Liquor Control Commission mailings	
4335 North 70th Street		PO Box 81463	
City	County	City	County
Lincoln	Lancaster	Lincoln	Lancaster
Zip Code	Is this located inside the city limits?	Zip Code	
68507	<input checked="" type="radio"/> Yes <input type="radio"/> No	68501	

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, 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 in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.

* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	<div style="text-align: center;"> <p>RECEIVED</p> <p>FEB - 8 2008</p> </div>
* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?	Yes <input type="radio"/>	No <input checked="" type="radio"/>	<div style="text-align: center;"> <p>CONTROL COMMISSION</p> </div>
* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.			Pinnacle Bank Larry W. Coffey Tom Vik
11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.			There are approximately 70 licenses held by Gas 'N Shop / Mr. Coffey
12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.			Connie Hynek approximately 20 hours/week at first

SECTION B		OTHER INFORMATION REQUIRED *		Explanation/Comments Note: Only what is visible on screen will be printed
	Yes	No		
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. 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.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Robert Hynek 1979 DUI Robert Hynek 1981 DUI	
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	Pinnacle Bank	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	RECEIVED FEB 14 2003 MISSISSIPPI COMMISSION	

<p>13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.</p>	<p>TAM training Beverage Hospitality Course</p>
<p>14. 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 interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)</p>	<p style="text-align: center;">RECEIVED FEB - 3 2003</p>
<p>15. When do you intend to open for business?</p>	<p style="text-align: center;">CONTROL COMMISSION</p>

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
see attached			

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), 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 or 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 and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign here [Signature]

Sign Here Thomas Edil

Sign Here Julian G. Cap

Sign Here Christine E. Edil

Sign Here Greg A. Smetter

Sign Here Larry W. Coffey

Sign Here _____

Sign Here _____

Subscribed in my presence and sworn to before me this 31st day of JANUARY, 2003

RECEIVED

FEB - 6 2003

(SEAL)



NEBRASKA LIQUOR CONTROL COMMISSION

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

Sign here Penny A. Kremer
Notary Public Signature

Verify & Print form

FORM 35-4010
1
REV 1/01

Corporation/LLC Application for License - Form 3
Nebraska Liquor Control Commission

RECEIVED
FEB - 8 2003

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. Attach copy of Articles of Incorporation _____ *

Total Number of Shares (if corporation) _____ *

Gas 'N Shop, Inc. _____ *

100 _____ *

Corporate Street Address _____ *

Mailing address for receipt of Liquor Control Commission Mailings: _____ *

701 Marina Bay Place _____ *

P.O. Box 81463 _____ *

Corporate Telephone Number _____ * City _____ * County _____ * State _____ * Zip Code _____ *

402-475-1101 Lincoln Lancaster NE 68501

Name of Registered Agent _____ *

Name of Proposed Manager _____ *

Dorothy Bockoven _____ *

Connie Hynek _____ *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name _____ * Title _____ * Date of Birth _____

Coffey, Larry Wayne CEO/Owner

Social Security Number _____ * Home Address (1) _____ * City _____ *

_____ 730 Lakeshore Drive Lincoln

State _____ * Zip Code _____ * Home Telephone Number _____ *

NE 68528 402-474-1669

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Coffey, Larry Wayne	_____	_____	President
Spouse Name none	_____	_____	_____
	100		

Principal residence since age 18

RECEIVED

2008

Name	Years	Address
Larry W. Coffey	1999 to Present	703 Lakeshore Drive Lincoln, NE
	1998 to 1999	492 W. Lakeshore Drive Lincoln, NE
	1991 to 1998	5805 The Knolls Lincoln, NE
	1977 to 1991	Rt. 1, Box 42A Pleasant Dale, NE
	1974 to 1977	309 North Third Hastings, NE
	1971 to 1974	1584 South Cotner Lincoln, NE
	1969 to 1971	515 North Husband Stillwater, OK
	1958 to 1969	1217 South 129 E. Avenue Tulsa, OK

CONTROL COMMISSION

2003 - 2 2003

NEBRASKA LIQUOR CONTROL COMMISSION

Name of Officers, Directors, Members and Spouses.
 Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Treas./V.P. of Finance

Name

Vik, Thomas C.

Spouse Name

Vik, Chris E. (Shope)

Partner Number of Shares / % 0

Spouse Number of Shares / % 0

Name of Officers, Directors, Members and Spouses.
 Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Smetter, Sue A.

Secretary

Spouse Name

none

Partner Number of Shares / % 0

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.
 Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Cap, David T.

Chief Operations Offi

Spouse Name

Cap, Susan A.

Partner Number of Shares / % 0

Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses.
 Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / %

Spouse Number of Shares / %

(If Necessary, Continue on Separate Sheet)

RECEIVED

DEC 23 2003

Is this Corporation/LLC controlled by another Corporation?

Yes No

NEBRASKA LIMITED LIABILITY COMPANY CONTROL COMMISSION

Name of control Corporation

[Empty box for name of control Corporation]

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January 1 Ending date: December 31

State of Nebraska

)

) ss.

Lancaster County

)

Penny A. Kremer
Notary Public Signature & Seal

By Thomas Gil
President/Member



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

Steve A. Cropper
Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
301 Centennial Mall So., Lincoln NE 68509

Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

NAME OF LICENSED CORPORATION Gas 'N Shop, Inc.		CLASS & LICENSE NUMBER	
---	--	------------------------	--

TRADE NAME OF LICENSED PREMISE Gas 'N Shop			
---	--	--	--

STREET ADDRESS OF LICENSED PREMISE 4335 North 70th St.	CITY Lincoln	COUNTY Lancaster	ZIP CODE 68507
---	-----------------	---------------------	-------------------

On behalf of the corporation, I designate this individual as corporate manager.

Signature of Corporate President/CEO: *Larry W. Coffey*

NAME (LAST, FIRST, MIDDLE, MAIDEN) Hynek, Connie Lou (Heinke)	SEX <input checked="" type="radio"/> F <input type="radio"/> M	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH Nebraska City Nebraska
--	---	------------------------	---------------	---

HOME STREET ADDRESS 4107 R Road	CITY Talmage	COUNTY Otoe	STATE NE	ZIP CODE 68448
------------------------------------	-----------------	----------------	-------------	-------------------

HOME TELEPHONE NUMBER (402) 264-4015	BUSINESS TELEPHONE NUMBER (402) 475-1101	DRIVERS LICENSE NUMBER & STATE
---	---	--------------------------------

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) Hynek, Robert Dean	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE
---	------------------------	--------------------------------

DATE OF BIRTH	PLACE OF BIRTH Schuyler, NE
---------------	--------------------------------

1. READ CAREFULLY. Answer completely and accurately.

Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law, or 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

Robert Hynek 1979 DUI Douglas County
Robert Hynek 1981 DUI Douglas County

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date. Connie has held the following licenses:

- | | | | |
|---|-----------------------------|----------------------------|----------------------------|
| <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | 2000 Gas N Shop #6 #12738 | 2000 Gas N Shop #47 #24899 |
| | | 2000 Gas N Shop #8 #12662 | 2000 Gas N Shop #60 #15155 |
| | | 2000 Gas N Shop #18 #12644 | 2000 Gas N Shop #62 #21605 |
| | | 2000 Gas N Shop #25 #14293 | |

Application for Corporate Manager

Must Be A Nebraska Resident

Please submit in Triplicate

Return to: Nebraska Liquor Control Commission, PO Box 95046
 301 Centennial Mall So., Lincoln NE 68509
 Phone: (402) 471-2571 Fax: (402) 471-2814 Web address: <http://www.nol.org/home/NLCC/>

NAME OF LICENSED CORPORATION Gas 'N Shop, Inc.		CLASS & LICENSE NUMBER	
TRADE NAME OF LICENSED PREMISE Gas 'N Shop			
STREET ADDRESS OF LICENSED PREMISE 2243 North Cotner Blvd.	CITY Lincoln	COUNTY Lancaster	ZIP CODE 57105
On behalf of the corporation, I designate this individual as corporate manager. Signature of Corporate President/CEO: <i>Larry W. Coffey</i>			

NAME (LAST, FIRST, MIDDLE, MAIDEN) Hynek, Connie Lou (Heinke)	SEX <input checked="" type="radio"/> F <input type="radio"/> M	SOCIAL SECURITY NUMBER	DATE OF BIRTH	PLACE OF BIRTH Nebraska City Nebraska
HOME STREET ADDRESS .4107 R Road	CITY Talmage	COUNTY Otoe	STATE NE	ZIP CODE 68448
HOME TELEPHONE NUMBER (402) 264-4015	BUSINESS TELEPHONE NUMBER (402) 475-1101		DRIVERS LICENSE NUMBER & STATE	

FULL NAME (LAST, FIRST, MIDDLE, MAIDEN) Hynek, Robert Dean	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER & STATE
DATE OF BIRTH	PLACE OF BIRTH Schuyler, NE	

READ CAREFULLY: Answer completely and accurately.
 Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law, or a violation of a local law, ordinance or resolution. List the name 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

Robert Hynek 1979 DUI Douglas County
 Robert Hynek 1981 DUI Douglas County

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date. Connie has held the following licenses:

YES NO

2000 Gas N Shop #6 #12738	2000 Gas N Shop #47 #24899
2000 Gas N Shop #8 #12662	2000 Gas N Shop #60 #15155
2000 Gas N Shop #18 #12644	2000 Gas N-Shop #62 #21605
2000 Gas N-Shop #25 #14293	



Gas ' N Shop Inc.

(402)475-1101

Fax 475-0976

TO: Mary

DATE: Feb 4 '03

Fax Number: 475-2814

FROM: Dave Hey

Ext. 22

Transmitting 1 pages (including this cover sheet).

Comments:

Both stores are 60' x 40'

Please call if you need anything else.

~~This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law.~~