CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR COLEEN J. SENG

lincoln.ne.gov

LINCOLN
The Community of Opportunity

December 14, 2004

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

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Foxy Lady Lounge, 1823 'O' Street requesting an addition to their current liquor license.

The area request is an expansion of the current outdoor beer garden measuring approximately 22 x 17 foot on the south side of the business. The requested new area requested is 32 x 22 foot.

The Lincoln Police Department recommends denial of this expansion to the beer garden as it is still unknown if exotic dancing will be occurring in this outdoor area, and if not have concerns that other possible illegal activity may occur.

For Council's information, the owners of the business remain the same, and background information on the owners is on file.

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.

THOMAS K. CASADY, Chief of Police

STATE OF NEBRASKA

Russ

Set date: 1-10-05
Pit: 1-24-05

Mike Johanns
Governor

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
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/

December 7, 2004

A4-137141
72

City Clerk
555 South 10th Street
Lincoln NE 68508-3993

RE: Jerry & Sandy Irwin
dba Foxy Lady
1823 "O" Street
Lincoln, Lancaster Co., NE, 68508

Dear Clerk:

The above referenced licensee has requested permission for an addition of a beer garden approx 15' x 15' on the south side of the licensed premise. Making the license description to read: Entire first floor of bldg approx 24' x 92' plus beer garden to the south approx 32' x 22'.

Please present this request for addition to premise to your Council and send us the results of that action.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Michelle Porter
Licensing Division

Enclosure

cc: file

CITY OF LINCOLN
NEBRASKA
2004 DEC -9 P 1:09
CITY CLERKS OFFICE
FILED

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

PLEASE COMPLETE AND RETURN TO:
NE LIQUOR CONTROL COMMISSION
PO BOX 95046
LINCOLN , NE 68509-5046

RECEIVED
DEC - 7 2004
NEBRASKA LIQUOR CONTROL COMMISSION

FEE OF $45.00 REQUIRED

LICENSEE'S NAME: JERRY + SANDI IRWIN

TRADE NAME: FOXY LADY

PREMISE ADDRESS: 1823 "O"

CITY/COUNTY: LINCOLN / LANCASTER NEBR

LICENSE NUMBER: 66382 TELEPHONE: 402-435-0890

PLEASE CHECK ONE OF THE FOLLOW

X ADDITION/ RECONSTRUCTION ___ CHANGE OF LOCATION ___ DELETION

___ CHANGE OF LOCATION (this application will not be accepted if the license is moving into another jurisdiction)

Address From: _____
Indicate local governing body jurisdiction; city or county _____

Address To : _____
Indicate local governing body jurisdiction; city or county _____

---

1) INCLUDE A SKETCH OF THE PROPOSED AREA TO BE LICENSED (8½ x 11 PAPER - BLUEPRINTS NOT ACCEPTED) INDICATE THE DIMENSIONS OF THE AREA TO BE LICENSED AND THE DIRECTION 'NORTH' ON THE SKETCH
2) SUBMIT A COPY OF YOUR LEASE OR DEED DEMONSTRATING OWNERSHIP
3) IF YOU DO NOT KNOW WHAT JURISDICTION YOU ARE LOCATED IN, CALL THE CITY OF COUNTY CLERK
4) IN ORDER TO CLARIFY YOUR CHANGES, AN ATTACHED EXPLANATION IS ALWAYS WELCOME

88-39352

AFFIDAVIT

THE ABOVE REFERENCE REQUEST, AS FILED, WILL COMPLY WITH THE RULES AND REGULATIONS OF THE NEBRASKA LIQUOR CONTROL ACT.

Jerry R Irwin
SIGNATURE OF LICENSEE

SUBSCRIBED IN MY PRESENCE AND FIRST DULY SWORN TO BEFORE ME ON THIS 30 DAY OF Nov, 2004.

GENERAL NOTARY-State of Nebraska
DAVID POOL
My Comm. Exp. April 14, 2008

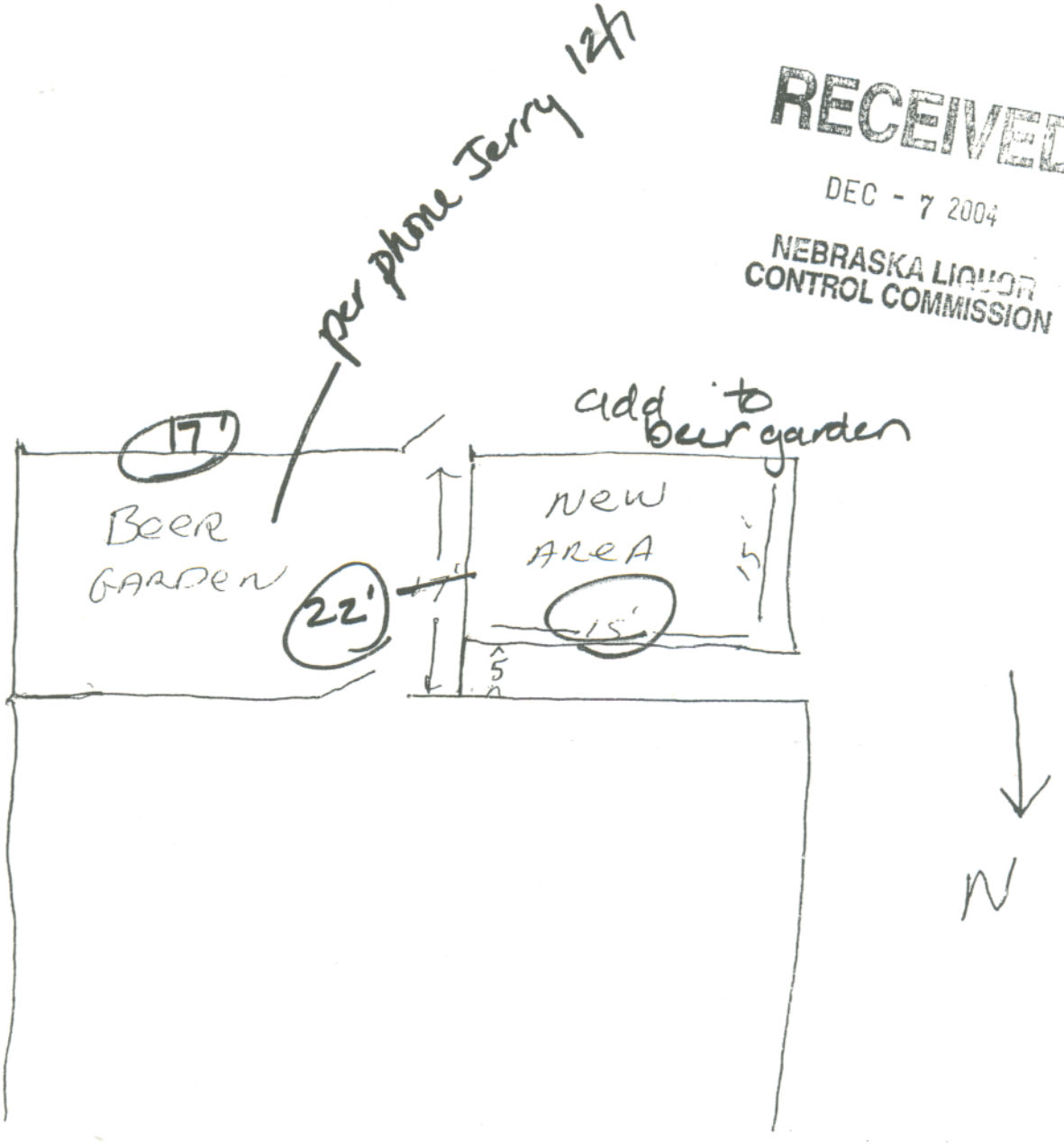
NOTARY PUBLIC'S SIGNATURE & SEAL

Bus Ct # 42162
$115 - mm

FORM 35-4179

FOXY LADY

RECEIVED
DEC - 7 2004
NEBRASKA LIQUOR
CONTROL COMMISSION



I want to expand the new beer garden

CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

MAYOR COLEEN J. SENG

lincoln.ne.gov

LINCOLN
The Community of Opportunity

December 22, 2004

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

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Hy-Vee, 7151 Stacy Lane requesting a class C liquor license.

This location currently holds a class D/K liquor license.

For Councils information if issued the class C liquor licenses allow for on premise consumption. It has been stated that the request for the class C liquor license is to be used for sampling purposes only.

If this application is approved the Lincoln Police Department requests the following conditions be added to the liquor license:

The on premise consumption of alcohol shall be limited to samplings of 2 ounces or less of any alcoholic beverage.

Background information on the manager and stockholders is on file an available for review on your request.

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.

THOMAS K. CASADY, Chief of Police

1/24/05

STATE OF NEBRASKA

Mike Johanns
Governor

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
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/

Hy Vee #5
7151 Stacy Lane
Class C

A4-140391
183

December 13, 2004

Lincoln City Clerk
555 S. 10th Street
Lincoln, NE 68508

RECEIVED
DEC 14 2004
BY: City Clerk

Re: Liquor application for **HyVee #5**

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

Tami Freeman
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

21

C - 66563

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

RECEIVED
DEC - 9 2004
NEBRASKA LIQUOR CONTROL COMMISSION

upgrade from DK-41697

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
☐ **A** Beer, On Sale Only - Inside Corporate Limits	**$45.00**	Collected a Local Level	exempt
☐ **F** Beer, On Sale Only - Outside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☐ **B** Beer, Off Sale Only - Inside/Outside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☐ **J** Wine, Beer, On Sale Only - Inside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☐ **I** Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☐ **D** Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	**$45.00**	**$150.00**	exempt
☐ **D1** Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	**$45.00**	**$150.00**	exempt
☑ **C** Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	**$45.00**	Collected at Local Level	exempt
☐ **M** Bottle Club (Spirits, Wine, Beer, On Sale)	**$45.00**	Collected at Local Level	exempt
☐ **H** Nonprofit Corporation	**$45.00**	Collected at Local Level	exempt
☐ **K** Wine Only, Off Sale	**$45.00**	Collected at Local Level	exempt
☐ **O** Boat	**$45.00**	$50.00	exempt
☐ **V** Manufacturer of Beer, Wine & Distilled Spirits	**$45.00**	Varies $100 to $1,000	*$10,000 min.
☐ **X** Wholesale Liquor	**$45.00**	$500.00	*$ 5,000 min.
☐ **W** Wholesale Beer	**$45.00**	$250.00	*$ 5,000 min.
☐ **Y** Farm Winery	**$45.00**	$250.00	*$ 1,000 min.
☐ **L** Craft Brewery (Brew Pub)	**$45.00**	$250.00	*$ 1,000 min.

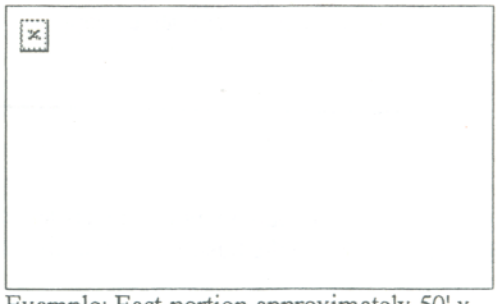
TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box) 1. ○ Individual License requires Form 1 to be attached. 2. ○ Partnership License requires Form 2 to be attached. 3. ◉ Corporate License requires Forms 3 and Manager Application to be attached	**Name** Jill Lalone **Firm Name** Hy-Vee, Inc. **Address** 5820 Westown Parkway

SECTION A – LOCATION INFORMATION – Must be completed by all applicants

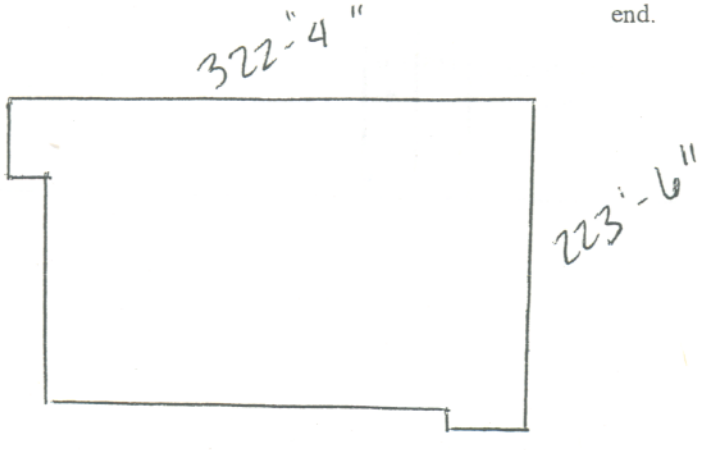
Trade Name (name of business) Hy-Vee (#5)		Telephone Number at premise to be licensed 402-489-4244	
1) Street Address of Proposed licensed premise 7151 Stacy Lane		2) Mailing Address for receipt of Liquor Control Commission mailings 5820 Westown Parkway	
City Lincoln	County Lancaster	City 5820 Westown Pa	County Polk
Zip Code 68516	Is this located inside the city limits? ◉ Yes ○ No	Zip Code 50266	

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.



No basement

SECTION B	OTHER INFORMATION REQUIRED *		
	Yes	No	Explanation/Comments **Note: Only what is visible on screen will be printed**
* 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. 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.	Yes ○	No ◉	
* 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).	Yes ○	No ◉	
* 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.	Yes ○	No ◉	
* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.	Yes ○	No ◉	
* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.	Yes ○	No ◉	

* 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 ○	No ◉	
* 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 ○	No ◉	
* 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 ○	No ◉	
* 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 ○	No ◉	
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.	Midwest Heritage Bank 1025 Braden Chariton, IA 50049 Richard Jurgens - President John Briggs - Treasurer		
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.	Please see attached		
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.	Scott Schlatter		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Store Director for almost 5 yrs
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)	Please see attached
15. When do you intend to open for business?	This location is already open, it is currently run under license DK41697.

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			

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)
Richard N. Jurgens	1992	Present	West Des Moines, IA
Carol Jurgens	Same	-	-

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/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here Richard N. Jurgens, President

sign here

sign here

sign here

sign here Carol Jurgens, Spouse

sign here

sign here

sign here

Subscribed in my presence and sworn to before me this 22nd day of November, 2004

RECEIVED
(SEAL)
DEC -9 2004
NEBRASKA LIQUOR CONTROL COMMISSION

JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

sign here Jill Lalone
Notary Public Signature

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 alternate format.

FORM 15-2010
1
Rev. 7/07

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)
Charles M. Bell	1985	1994	Chariton, IA
"	1994	Present	Des Moines, IA

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sign here Charles M Bell
Charles M. Bell, Exec. V.P.

sign here _____

sign here _____

sign here _____

sign here _____

sign here _____

sign here _____

sign here _____

RECEIVED
DEC - 9 2004
NEBRASKA LIQUOR CONTROL COMMISSION

Subscribed in my presence and sworn to before me this 22nd day of November, 2004

(SEAL)

NOTARIAL SEAL IOWA
JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

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 alternate format.

sign here Jill Lalone
Notary Public Signature

FORM 35-0[illegible]
Rev. [illegible]

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)
Stephen P. Meyer	1992	Present	Des Moines, IA

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.

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RECEIVED
DEC - 9 2004
NEBRASKA LIQUOR CONTROL COMMISSION

sign here: Stephen P Meyer
Stephen P. Meyer, Secretary

sign here: SINGLE

sign here:

sign here:

sign here:

sign here:

sign here:

Subscribed in my presence and sworn to before me this 22nd day of November, 2004.

(SEAL)

JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

sign here: Jill Lalone
Notary Public Signature

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 alternate format.

FORM 15-3010
1
Rev. 7/01

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)
John C. Briggs	1985	1994	Chariton, IA
"	1994	Present	Waukee, IA
Dianne Briggs	same	—	—

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.

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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/members (holding more than 25% of the stock or interest), officers, directors and spouses must sign. Full names only, initials not acceptable.

sign here [signature] John C. Briggs, Treasurer

sign here Dianne L. Briggs Dianne Briggs, Spouse

RECEIVED

DEC - 9 2004

NEBRASKA LIQUOR CONTROL COMMISSION

sign here

sign here

sign here

sign here

sign here

Subscribed in my presence and sworn to before me this 22nd day of November, 2004

JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

(SEAL)

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 alternate format.

sign here [signature]
Notary Public Signature

FORM 35-0-0
1
Rev. 7/01

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)
Stephen P. Meyer	1992	Present	Des Moines, IA

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RECEIVED
DEC - 9 2004
NEBRASKA LIQUOR CONTROL COMMISSION

sign here Stephen P Meyer
Stephen P. Meyer, Secretary

sign here

sign here

sign here

sign here SINGLE

sign here

sign here

sign here

Subscribed in my presence and sworn to before me this 22nd day of November, 2004.

(SEAL)

JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

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 alternate format.

sign here
Notary Public Signature

FORM 35-4010
I
Rev. 7/01

Corporation/LLC Application for License - Form 3

Nebraska Liquor Control Commission

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NEBRASKA LIQUOR CONTROL COMMISSION

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**
Hy-Vee, Inc. *

Total Number of Shares (if corporation)
16,666,200 *

Corporate Street Address
5820 Westown Parkway *

Mailing address for receipt of Liquor Control Commission Mailings
5820 Westown Parkway *

Corporate Telephone Number
515-267-2800 *

City
West Des Moines *

County
Poilk *

State
Iowa *

Zip Code
50266 * -

Name of Registered Agent
x *

Name of Proposed Manager
Scott Schlatter *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name
Richard N. Jurgens *

Title
President, CEO *

Date of Birth
*

Social Security Number
*

Home Address (1)
3008 Jordan Grove *

City
West Des Moines *

State
Iowa *

Zip Code
50265 * -

Home Telephone Number
515-267-2800 *

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: Jurgens, Richard N.			President, CEO
Spouse Name: Jurgens, Carol Jean, Gaffney			
Partner Number of Shares / %: 250,117	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 Bell, Charles			Executive VP
Spouse Name			
Partner Number of Shares / % 347,002	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 Meyer, Stephen P.			Secretary
Spouse Name			
Partner Number of Shares / % 153,692	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 Briggs, John C.			Treasurer
Spouse Name Briggs, Diane L. Herrin			
Partner Number of Shares / % 59,048	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)

Is this Corporation/LLC controlled by another Corporation?

Yes ○ No ◉

Name of control Corporation

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAT 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: October 01 Ending date: September 30

State of Iowa)

) **ss.**

Polk **County**)

JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

Jill Lalone
Notary Public Signature & Seal

By
President/Member Richard N. Jurgens

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.

Stephen P. Meyer
Secretary/Member Stephen P. Meyer

Verify Form and Print

FORM 35-4183
REV. 02/01

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NEBRASKA LIQUOR
CONTROL COMMISSION

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/**

Required areas marked by a red asterisk (*)

LIQUOR LICENSE INFORMATION

Name of Licensed Corporation: Hy-Vee, Inc. *

Class & License number: C *

Trade Name of Licensed Premise: Hy-Vee #5 *

Street Address of Licensed Premise: 7151 Stacy Lane *

City: Lincoln *

County: Lancaster *

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

Signature of Corporate President/CEO:

APPLICANT INFORMATION (MUST BE 21 OR OVER)

Full Name (Last, First, Middle, Maiden): Schlatter, Scott, A. *

Sex *: F ( ) M (•)

Social Security Number: *

Date of Birth: *

Place of Birth: Sumner, Iowa *

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NEBRASKA LIQUOR CONTROL COMMISSION

Home Street Address: 5932 South 81st Street *

City: Lincoln *

County: Lancaster

State: NE *

Zip Code: 68516 *

Home Telephone Number: 402-483-2137 *

Business Telephone Number: 402-489-4244 *

Drivers License Number: H13058675 *

State: NE *

Are You Married? * Yes (●) No ( ) If Yes, You must complete the following:

SPOUSE'S INFORMATION (IF NOT MARRIED INDICATE)

Full Name (Last, First, Middle, Maiden)
Schlatter, Deb

Social Security Number

Drivers License Number

State
NE

Date of Birth

Place of Birth
West Union, Iowa

* 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 (●)

* 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.

Yes (●) No ( )

Hy-vee Food & Drugstore 5
7151 Stacy Lane
41697 5/1/04 – 4/30/05

* 3. Have you or your spouse ever made a compromise settlement for violation of such laws?

Yes ( ) No (●)

* 4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

Yes (●) No ( )

* 5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

Yes ( ) No (●)

CARDS ON FILE

RESIDENCES FOR PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

	Year From	Year To
Applicant: City & State: 5932 So 81st Lincoln NE	2003	Present
Spouse: City & State: 5932 So 81st Lincoln NE	2003	Present

	Year From	Year To
Applicant: City & State: 1109 NE Depot Drive Lees Summit MO	2000	2003
Spouse: City & State: 1109 NE Depot Drive Lees Summit MO	2000	2003

	Year From	Year To
Applicant: City & State: 7549 Hayes Circle Ralston NE	1995	2000
Spouse: City & State: 7549 Hayes Circle Ralston NE	1995	2000

	Year From	Year To
Applicant: City & State:		
Spouse: City & State:		

EMPLOYERS - LIST LAST TWO EMPLOYERS

Name of Employer: Hy-Vee Inc — Year From: 1990 — Year To: Present

Name of Supervisor: Pat Hensley — Telephone Number: 402-578-7865

Name of Employer: MBC Foods — Year From: 1989 — Year To: 1990

Name of Supervisor — Telephone Number

Rich Baker | NA

PERSONAL OATH AND CONSENT OF INVESTIGATION - MUST BE SIGNED BY APPLICANT & SPOUSE

STATE OF NEBRASKA)
) **SS**
COUNTY OF)

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, an affidavit may be attached, however, fingerprint cards are still required to be filed.

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 inaccurate.

Scott Schlotter
Signature of Applicant

Deborah Schlotter
Signature of Spouse (if applicable)

Subscribed in my presence and sworn to before me this 9 day of December 2004.

Notary Signature & Seal

GENERAL NOTARY- State of Nebraska
ARLAN D. JOHNSON
My Comm. Exp. Apr. 19, 2008

Subscribed in my presence and sworn to before me this 7th day of December 2004.

Julie Lauritzen
Notary Signature & Seal

GENERAL NOTARY - State of Nebraska
JULIE LAURITZEN
My Comm. Exp. 6/25/08

Verify and Print

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NEBRASKA LIQUOR CONTROL COMMISSION

FORM 35-4013
REV. 2/01

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

The undersigned individual acknowledges that he/she will have no interest, directly or indirectly, in the operation or profit of the business, as prescribed in Section §53.125(13) of the Liquor Control Act. Such individual shall not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent themselves as owner or in any way participate in the day to day operations in any capacity. Undersigned will also be waived of filing fingerprint cards, however, has disclosed any violation(s) on the application.

Deborah Schlatter
Signature of Spouse

SUBSCRIBED in my presence and sworn to before me this 7th day of December, A.D., 2004.

Julie Lauritzen
Signature of Notary Public

GENERAL NOTARY - State of Nebraska
JULIE LAURITZEN
My Comm. Exp. 6/25/08

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Scott Schlatter
Signature of Licensee/Applicant

Scott Schlatter
Print Name of Licensee/Applicant

SUBSCRIBED in my presence and sworn to before me this 9th day of December, A.D., 2004.

GENERAL NOTARY- State of Nebraska
ARLAN D. JOHNSON
My Comm. Exp. Apr. 19, 2008

Signature of Notary Public

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NEBRASKA LIQUOR CONTROL COMMISSION

FORM 35-4178
REV 2/01

NEBRASKA LIQUOR CONTROL COMMISSION
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Dianne L. Briggs

Signature of Spouse Dianne L. Briggs

SUBSCRIBED in my presence and sworn to before me this 22nd day of November, A.D., 2004

JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

Jill Lalone

Signature of Notary Public

The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.

Signature of Licensee/Applicant

John C. Briggs, Treasurer

Print Name of Licensee/Applicant

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Signature of Notary Public

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NEBRASKA LIQUOR CONTROL COMMISSION

FORM 35-4178
REV 2/01

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Deborah Schlatter
Signature of Spouse

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Julie Lauritzen
Signature of Notary Public

GENERAL NOTARY - State of Nebraska
JULIE LAURITZEN
My Comm. Exp. 6/25/08

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Scott Schlatter
Signature of Licensee/Applicant

Scott Schlatter
Print Name of Licensee/Applicant

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ARLAN D. JOHNSON
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Dianne L. Briggs

Signature of Spouse Dianne L. Briggs

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John C. Briggs, Treasurer

Print Name of Licensee/Applicant

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Carol J. Jurgens
Signature of Spouse Carol J. Jurgens

SUBSCRIBED in my presence and sworn to before me this 22nd day of November, A.D., 2004

NOTARIAL SEAL IOWA
JILL LALONE
Commission Number 730631
My Commission Expires
9-23-07

Jill Lalone
Signature of Notary Public

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Signature of Licensee/Applicant

Richard N. Jurgens, President
Print Name of Licensee/Applicant

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