



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

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



MAYOR CHRIS BEUTLER

lincoln.ne.gov

July 24, 2008

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 Casey's General Store, 4335 North 70<sup>th</sup> Street requesting a class B liquor license.

Tina Krings has requested that she be approved as the manager of the liquor license.

Background information on the Ms. Krings will be omitted as she has been approved by Council on several Casey's liquor licenses.

Ms. Krings is current on the required training.

Stockholder information has been included for your review.

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

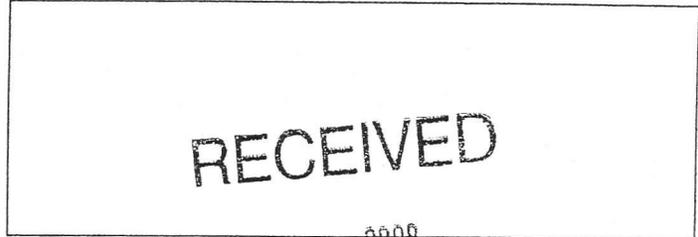


A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE**

301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: www.lcc.ne.gov/



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES**  
**CHECK DESIRED CLASS(S)**

APR 21 2008  
NEBRASKA LIQUOR  
CONTROL COMMISSION

**RETAIL LICENSE(S)**

- A BEER, ON SALE ONLY \$45.00
- B BEER, OFF SALE ONLY \$45.00
- C BEER, WINE & DISTILLED SPIRITS, ON & OFF SALE \$45.00
- D BEER, WINE & DISTILLED SPIRITS, OFF SALE ONLY \$45.00
- I BEER, WINE & DISTILLED SPIRITS, ON SALE ONLY \$45.00

Class K Catering license may be added to any of these classes with the filing of the appropriate form and fee of \$100.00

**MISCELLANEOUS**

- L Craft Brewery (Brew Pub) \$295.00 \$1,000 minimum bond
- O Boat \$ 95.00
- V Manufacturer \$ 45.00(+license fee) \$10,000 minimum bond
- W Wholesale Beer \$545.00 \$5,000 minimum bond
- X Wholesale Liquor \$795.00 \$5,000 minimum bond
- Y Farm Winery \$295.00 \$1,000 minimum bond
- Z Micro Distillery \$295.00 \$1,000 minimum bond

All Class C licenses expire October 31<sup>st</sup>  
All other licenses expire April 30<sup>th</sup>  
Catering expire same as underlying retail license

**TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)**

- Individual License (requires insert form 1)
- Partnership License (requires insert form 2)
- Corporate License (requires insert form 3a & 3c)
- Limited Liability Company (requires form 3b & 3c)

**NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION**

**(commission will call this person with any questions we may have on this application)**

Name DEBBIE DOLASH Phone number: 515-965-6517  
Firm Name CASEY'S RETAIL COMPANY

EMAIL: ddolash@caseys.com

**PREMISE INFORMATION**

Trade Name (doing business as) CASEY'S GENERAL STORE #2744

Street Address #1 4335 NORTH 70TH

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

City LINCOLN County LANCASTER #2 Zip Code 68507

Premise Telephone number UNKNOWN @ THIS TIME (FORWARD AS SOON AS AVAILABLE)

Is this location inside the city/village corporate limits:  YES  NO

*city*

Mail address (where you want receipt of mail from the commission) \_\_\_\_\_

Name CASEY'S RETAIL COMPANY ATTN: STORE OPERATIONS

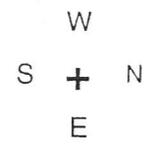
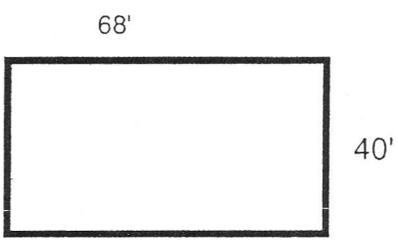
Street Address #1 PO BOX 3001

Street Address #2 ONE CONVENIENCE BLVD

City ANKENY, IA County POLK Zip Code 50021

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment 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. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



ONE STORY BUILDING APPROXIMATELY 68' X 40'

**APPLICANT INFORMATION**

**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 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.

ELI WIRTZ: TRAFFIC TICKETS - MOST RECENT 2003 PAID FINE

MARILYN WIRTZ: TRAFFIC TICKETS - MOST RECENT 2005 PAID FINE

TERRY HANDLEY: TRAFFIC TICKETS - MOST RECENT 2004 PAID FINE

NANCY HANDLEY: TRAFFIC TICKET - SOMETIME IN 2002-2004 PAID FINE

2. Are you buying the business and/or assets of a licensee?

YES  NO

If yes, give name of business and license number \_\_\_\_\_

- a) Submit a copy of the sales agreement including a list of the furniture, fixtures and equipment.
- b) Include a list of alcohol being purchased, list the name brand, container size and how many?

3. Are you filing a temporary agency agreement whereby current licensee allows you to operate on their license?

YES  NO

If yes, attach temporary agency agreement form and signature card from the bank.

**This agreement is not effective until you receive your three (3) digit ID number from the Commission.**

4. Are you borrowing any money from any source to establish and/or operate the business?

YES  NO

If yes, list the lender \_\_\_\_\_

5. Will any person or entity other than applicant be entitled to a share of the profits of this business?

YES  NO

If yes, explain. All involved persons must be disclosed on application. \_\_\_\_\_

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

YES  NO

If yes, list such items and the owner. \_\_\_\_\_

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business?

YES  NO

If yes, explain. \_\_\_\_\_

**No silent partners**

8. Are you premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 feet of a college or university campus?

YES  NO

If yes, list the name of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)

9. Is anyone listed on this application a law enforcement officer?

YES  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 and the individual(s) who will be authorized to write checks and/or withdrawals on accounts at the institution.

UMB BANK - PO BOX 419226, KANSAS CITY, MO 64141 - CASEY'S CORPORATE ACCOUNTING DEPT

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.

PLEASE SEE ATTACHED SPREADSHEET

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., MANAGER - 45 HOURS PER WEEK Jennifer

*staack*

13. List the training and/or experience (when and where) of the person lists in #12 above in connection with selling and/or serving alcoholic ALL STORE MANAGERS MUST REVIEW AND SIGN CORPORATE TRAINING PACKET WHEN THEY ARE HIRED AS STORE MANAGER. PLEASE SEE ATTACHED. JENNIFER STAACK - MANAGEMENT 6 YEARS, 1 YRS AS CLERK

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 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

15. When do you intend to open for business? SEPTEMBER 4, 2008

16. What will be the main nature of business? CONVENIENCE STORE

17. What are the anticipated hours of operation? 6AM-11PM DAILY

18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
TERRY W. HANDLEY	1993	CURRENT	NANCY A. HANDLEY	1993	CURRENT
ELI J. WIRTZ	1987	CURRENT	MARILYN C. WIRTZ	1987	CURRENT

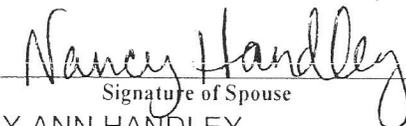
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s) 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.

Must be signed in the presence of a notary public by applicant(s) and spouse(s). If partnership or LLC (Limited Liability Company), all partners, members and spouses must sign. If corporation all officers, directors, stockholders (holding over 25% of stock and spouses). Full (birth) names only, no initials.

  
 \_\_\_\_\_  
 Signature of Applicant

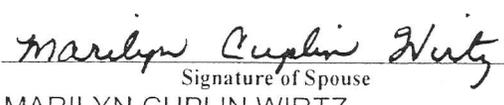
TERRY WILLIAM HANDLEY

  
 \_\_\_\_\_  
 Signature of Spouse

NANCY ANN HANDLEY

  
 \_\_\_\_\_  
 Signature of Applicant

ELI JAMES WIRTZ

  
 \_\_\_\_\_  
 Signature of Spouse

MARILYN CUPLIN WIRTZ

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Spouse

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Spouse

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Signature of Spouse

State of ~~Nebraska~~ IOWA

County of POLK

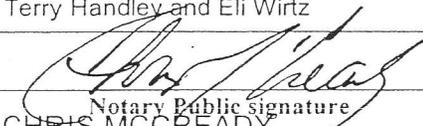
County of POLK

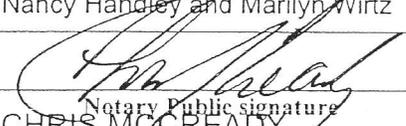
The foregoing instrument was acknowledged before me this 2-18-08 by

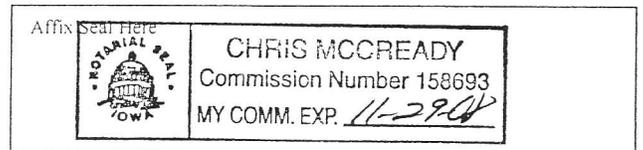
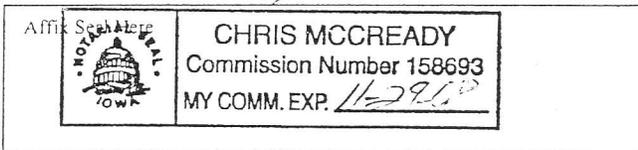
Terry Handley and Eli Wirtz

The foregoing instrument was acknowledged before me this 02-18-08 by

Nancy Handley and Marilyn Wirtz

  
 \_\_\_\_\_  
 Notary Public signature  
 CHRIS MCCREADY

  
 \_\_\_\_\_  
 Notary Public signature  
 CHRIS MCCREADY



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

**MANAGER APPLICATION  
INSERT - FORM 3c**

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

Office Use

**RECEIVED**

JUL 21 2008

NEBRASKA LIQUOR  
CONTROL COMMISSION

Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006)
- 3) Must provide a copy of their certified birth certificate or INS papers
- 4) Must submit their fingerprints (2 cards per person)
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

*BL enclosed*

Corporation/LLC information

Name of Corporation/LLC: CASEY'S RETAIL COMPANY

Premise information

Premise License Number: CLASS B

Premise Trade Name/DBA: CASEY'S GENERAL STORE #2744

Premise Street Address: 4335 NORTH 70TH

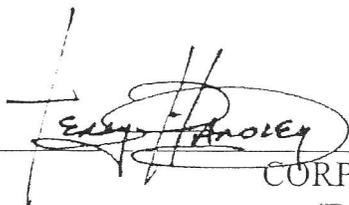
City: LINCOLN

State: NE

Zip Code: 68507

Premise Phone Number: UNKNOWN @ THIS TIME (CORP NUMBER 515-965-6517) WILL SEND AS SOON AS AVAILABLE

The individual whose name is listed in the president or contact member category on either insert form 3a or 3b must sign their name below.



TERRY W. HANDLEY, PRESIDENT

CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender:  MALE  FEMALE

Last Name: KRINGS First Name: TINA MI: MARIE

Home Address (include PO Box if applicable): 1005 VILLAGE GREEN DRIVE #4

City: NORFOLK State: NE Zip Code: 68701

Home Phone Number: 402-371-7308 Business Phone Number: 515-965-6517

Social Security Number \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

Date Of Birth \_\_\_\_\_ Place Of Birth: ANAHEIM, CA

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: \_\_\_\_\_ First Name: \_\_\_\_\_

MI: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_

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

**APPLICANT AND SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST 10 YEARS**

**APPLICANT**

**SPOUSE**

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

**MANAGER'S LAST TWO EMPLOYERS**

YEAR		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
FROM	TO			
09/01	CURRENT	CASEY'S GENERAL STORES	JAN KONRAD	515-965-6517
01/98	08/01	ARNOLD ENGINEERING	PLANT CLOSED	NO PHONE

Manager and spouse must review and answer the questions below  
PLEASE PRINT CLEARLY

1. READ PARAGRAPH CAREFULLY AND 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 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.

ELI & MARILYN WIRTZ HAVE TRAFFIC VIOLATIONS - PAID FINES  
TERRY & NANCY HANDLEY HAVE TRAFFIC VIOLATIONS - PAID FINES  
TINA KRINGS - HAS HAD SPEEDING TICKET OVER 10 YEARS AGO - PAID FINES

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? **IF YES**, list the name of the premise.

YES       NO      PLEASE SEE THE ENCLOSED LIST

3. Do you, as a manager, have all the qualifications required to hold a Nebraska Liquor License? Nebraska Liquor Control Act (§53-131.01)

YES       NO

4. Have you filed the required fingerprint cards and **PROPER FEES** with this application? (The check or money order must be made out to the **Nebraska State Patrol for \$38.00 per person**)

YES       NO      ON FILE

**PERSONAL OATH AND CONSENT OF INVESTIGATION**

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.

*Tina Marie Krings*

**Signature of Manager Applicant**

TINA MARIE KRINGS

State of Nebraska

County of Madison

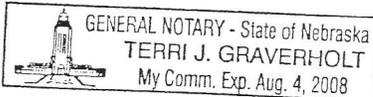
The foregoing instrument was acknowledged before me this February 14, 2008 by

TERRI GRAVERHOLT

*Terri J. Graverholt*

**Notary Public signature**

Affix Seal Here



**Signature of Spouse**

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by

**Notary Public signature**

Affix Seal Here

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

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JUL 21 2008

NEBRASKA LIQUOR CONTROL COMMISSION

STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
HEALTH DATA AND STATISTICS BRANCH

BIRTH DATE: 10/18/95  
TINA M PAULSEN

EVENT: BIRTH

RECEIPT NO: 599951

AMOUNT: \$13.00

POSTAGE: .00

DATE: 10/18/95

TINA PATRIC BOULDER  
1311 IMPALA DR., #A  
NORFOLK, NE 68701

THIS IS YOUR RECEIPT.

THIS COMPUTER GENERATED ABSTRACT OF BIRTH IS AN OFFICIAL DOCUMENT.

463339

DEPARTMENT OF HEALTH SERVICES  
CERTIFIED ABSTRACT OF BIRTH

NAME: TINA M PAULSEN

This is to certify that this document is a true abstract of the official record filed with the Office of Vital Records and Statistics. S. Kimberly Belshe, Director Department of Health Services and State Registrar of Vital Records and Statistics

DATE OF BIRTH:

SEX: FEMALE

COUNTY OF BIRTH: ORANGE

BIRTH SURNAME OF MOTHER: STREETER

by:

DATE FILED: 02/68

DATE ISSUED: 10/18/95

George B. (Peter) Abbott, Jr., M.D., M.P.H., Chief  
Office of Vital Records and Statistics

REGISTRATION NUMBER - STATE: 67-334858  
599951 LOCAL: 019545

463339

VS-1(4-94)



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

Office Use RECEIVED JUL 21 2008 NEBRASKA LIQUOR CONTROL COMMISSION

Officers, directors and stockholders holding over 25%, including spouses, are required to adhere to the following requirements

- 1) The president and stockholders holding over 25% and their spouse (if applicable) must submit their fingerprints (2 cards per person)
2) All officers, directors and stockholders holding over 25 % and their spouse (if applicable) must sign the signature page of the Application for License form (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

CASEY'S RETAIL COMPANY Inc

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: 0

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

Last Name: HANDLEY First Name: TERRY MI: W

Home Address: 8661 NE 108TH AVENUE City: BONDURANT

State: IOWA Zip Code: 50035 Home Phone Number: 515-965-6218

Handwritten signature of Terry W. Handley

TERRY W. HANDLEY

Signature of president

State of Nebraska IOWA County of POLK

The foregoing instrument was acknowledged before me this

July 15, 2008 date

by TERRY W. HANDLEY

name of person acknowledged

Handwritten signature of Notary Public

Notary Public signature

Affix Seal Here CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. 11-29-08

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

Last Name: HANDLEY First Name: TERRY MI: W  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: PRESIDENT Number of Shares 0  
Spouse Full Name (indicate N/A if single): NANCY HANDLEY (NON PARTICIPATING)  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*signed  
prints on  
4-5-*

*spousal  
signed*

Last Name: RICHARDSON First Name: MICHAEL MI: R  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: VICE-PRESIDENT Number of Shares 0  
Spouse Full Name (indicate N/A if single): PATRICIA RICHARDSON (NON PARTICIPATING)  
Spouse Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

*spousal*

Last Name: WIRTZ First Name: ELI MI: J  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Title: SECRETARY Number of Shares 0  
Spouse Full Name (indicate N/A if single): MARILYN WIRTZ (NON PARTICIPATING)  
Spouse Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*signed*

*spousal  
signed*

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 WALLJASPER (NON PARTICIPATING)  
Spouse Social Security Number \_\_\_\_\_ Date of Birth: \_\_\_\_\_

*spousal*

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

Last Name: SEE NEXT 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: \_\_\_\_\_

---

Last Name: FORD First Name: ROBERT MI: C

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

Title: VICE-PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): CINDY FORD (NON PARTICIPATING)

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

---

Last Name: JACKOWSKI First Name: JULIA MI: L

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

Title: AST. SECRETARY Number of Shares 0

Spouse Full Name (indicate N/A if single): THOMAS JACKOWSKI (NON PARTICIPATING)

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: \_\_\_\_\_

---

*Spousal*

*Spousal*

Is the applying Corporation controlled by another Corporation?

YES

NO

*org chart  
and  
Articles  
submitted*

If yes, provide the name of corporation and supply an organizational chart

CASEY'S GENERAL STORES, INC.

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 #.

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

RECEIVED

JUL 21 2008

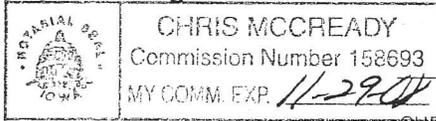
NEBRASKA LIQUOR CONTROL COMMISSION

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 application.

Nancy Ann Handley  
Signature of Spouse  
NANCY ANN HANDLEY

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.

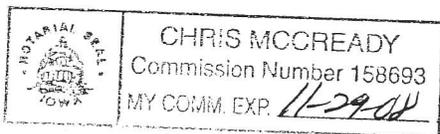


[Signature]  
Signature of Notary Public  
CHRIS MCCREADY

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], TERRY WILLIAM HANDLY FOR CASEY'S RETAIL COMPANY  
Signature of licensee/applicant, Print name of licensee/applicant  
TERRY WILLIAM HANDLEY, PRESIDENT FOR CASEY'S RETAIL COMPANY

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.



[Signature]  
Signature of Notary Public  
CHRIS MCCREADY

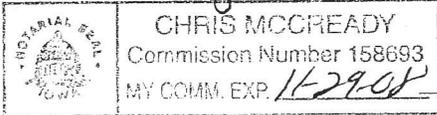
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*Patricia Marie Richardson*

Signature of Spouse  
PATRICIA MARIE RICHARDSON

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.



*Chris McCreedy*  
Signature of Notary Public  
CHRIS MCCREEDY

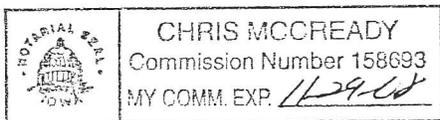
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*Michael Ray Rubh*

Signature of licensee/applicant  
MICHAEL RAY RICHARDSON, VICE-PRESIDENT FOR CASEY'S RETAIL COMPANY

MICHAEL RAY RICHARDSON FOR CASEY'S RETAIL COMPANY  
Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.



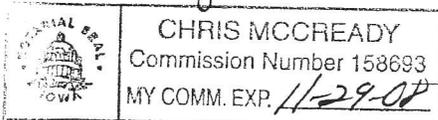
*Chris McCreedy*  
Signature of Notary Public  
CHRIS MCCREEDY

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Marilyn Cuplin Wirtz  
Signature of Spouse  
MARILYN CUPLIN WIRTZ

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.



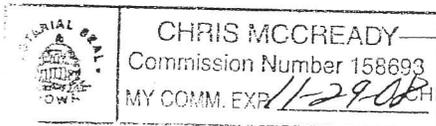
[Signature]  
Signature of Notary Public  
CHRIS MCCREADY

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[Signature]  
Signature of licensee/applicant  
ELI JAMES WIRTZ

ELI JAMES WIRTZ, SECRETARY FOR CASEY'S RETAIL COMPANY  
Print name of licensee/applicant

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.



[Signature]  
Signature of Notary Public  
CHRIS MCCREADY

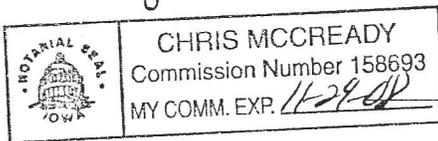
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Laura Ann Walljasper  
Signature of Spouse

LAURA ANN WALLJASPER

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.



Chris McCreedy  
Signature of Notary Public

CHRIS MCCREADY

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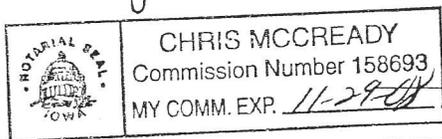
William James Walljasper  
Signature of licensee/applicant

WILLIAM JAMES WALLJASPER FOR CASEY'S RETAIL COMPANY

Print name of licensee/applicant

WILLIAM JAMES WALLJASPER, TREASURER FOR CASEY'S RETAIL COMPANY

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.



Chris McCreedy  
Signature of Notary Public

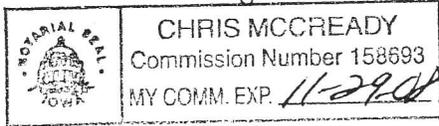
CHRIS MCCREADY

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Cindy J Ford  
Signature of Spouse  
CINDY JEAN FORD

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.

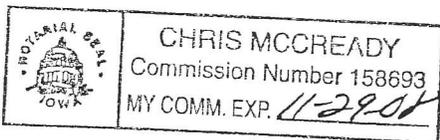


[Signature]  
Signature of Notary Public  
CHRIS MCCREADY

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Robert Ford Signature of licensee/applicant  
ROBERT CECIL FORD  
ROBERT CECIL FORD, VICE-PRESIDENT FOR CASEY'S RETAIL COMPANY Print name of licensee/applicant

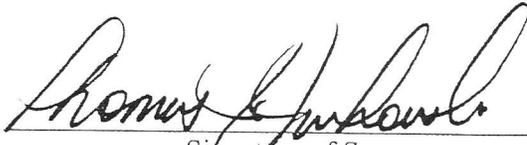
SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.



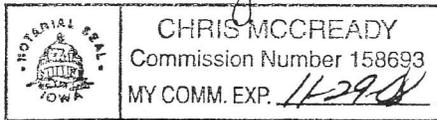
[Signature]  
Signature of Notary Public  
CHRIS MCCREADY

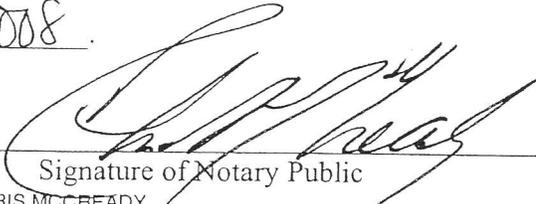
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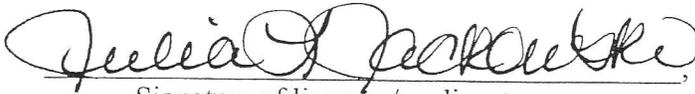
  
\_\_\_\_\_  
Signature of Spouse  
THOMAS JAMES JACKOWSKI

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.

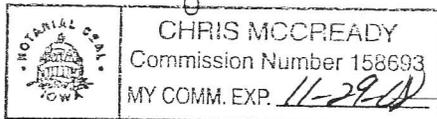


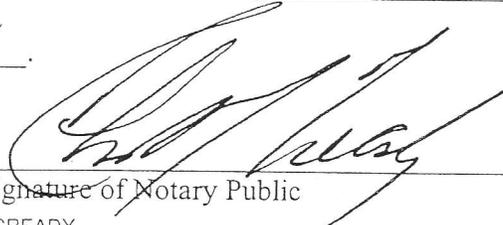
  
\_\_\_\_\_  
Signature of Notary Public  
CHRIS MCCREADY

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\_\_\_\_\_  
Signature of licensee/applicant  
JULIA LYNN JACKOWSKI FOR CASEY'S RETAIL COMPANY  
Print name of licensee/applicant  
JULIA LYNN JACKOWSKI, AST SECRETARY FOR CASEY'S RETAIL COMPANY

SUBSCRIBED in my presence and sworn to before me this 15<sup>th</sup> day  
of July, 2008.



  
\_\_\_\_\_  
Signature of Notary Public  
CHRIS MCCREADY