



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 70th 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

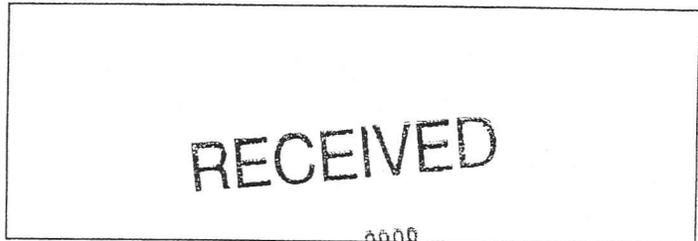


A nationally accredited law enforcement agency



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)

JUL 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 31st
All other licenses expire April 30th
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

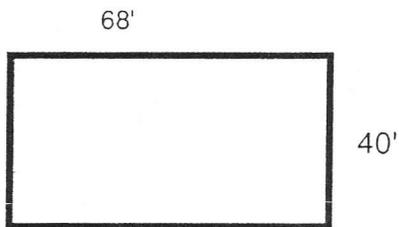
Street Address #1 PO BOX 3001

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

OK
mm

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 beverages. 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

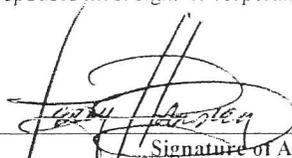
18. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses. If necessary attach a separate sheet.

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

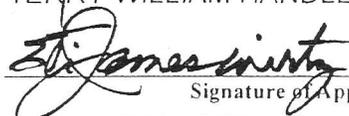
The undersigned applicant(s) hereby consent(s) to an investigation of his/her background investigation and release present and future records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant(s) and spouse(s)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

✓ 

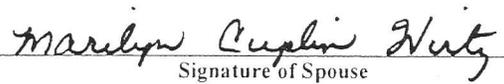
 Signature of Applicant
 TERRY WILLIAM HANDLEY

✓ 

 Signature of Applicant
 ELI JAMES WIRTZ

✓ 

 Signature of Spouse
 NANCY ANN HANDLEY

✓ 

 Signature of Spouse
 MARILYN CUPLIN WIRTZ

 Signature of Applicant

 Signature of Applicant

 Signature of Applicant

 Signature of Spouse

 Signature of Spouse

 Signature of Spouse

State of ~~Nebraska~~ IOWA

County of POLK

The foregoing instrument was acknowledged before me this 2-10-08 by

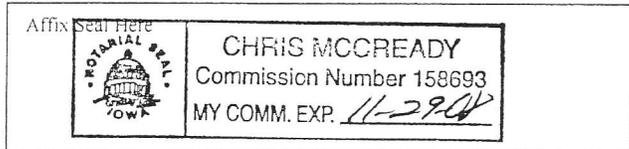
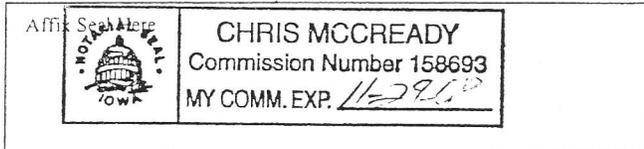
Terry Handley and Eli Wirtz

 Notary Public signature
 CHRIS MCCREADY

The foregoing instrument was acknowledged before me this 02-10-08 by

Nancy Handley and Marilyn Wirtz

 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

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

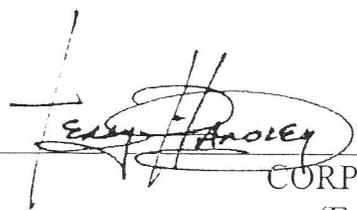
Premise Trade Name/DBA: CASEY'S GENERAL STORE #2744

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

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
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

Signature of Spouse

County of _____

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

TERRI GRAVERHOLT

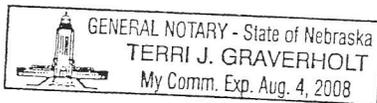
Terri J. Graverholt

Notary Public signature

The foregoing instrument was acknowledged before me this _____ by

Notary Public signature

Affix Seal Here



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.

RECEIVED

JUL 21 2008

NEBRASKA LIQUOR CONTROL COMMISSION

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

DATA DATE: 1010
TIME: 11:00 AM

EVENT: BIRTH

RECEIPT NO: 599951

AMOUNT: \$13.00

POSTAGE: .00

DATE: 10/18/95

TINA PAULSEN BOULEY
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:

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

DATE FILED: 02/68

DATE ISSUED: 10/18/95

REGISTRATION NUMBER - 599951

STATE: 67-334858

LOCAL: 019545

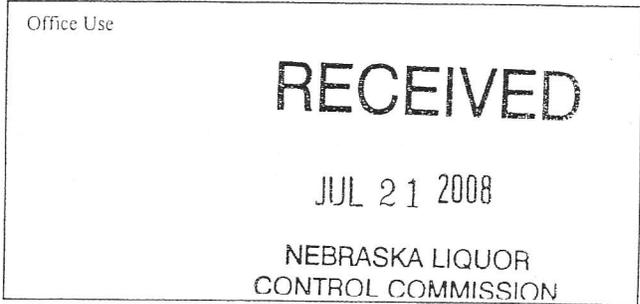
463339

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



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

TERRY W. HANDLEY

Signature of president

State of ~~Nebraska~~ IOWA
County of POLK

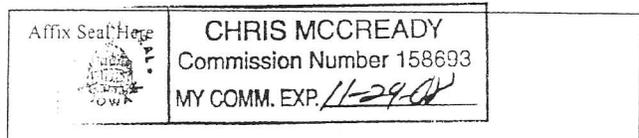
The foregoing instrument was acknowledged before me this

July 15, 2008
date

by TERRY W. HANDLEY

name of person acknowledged

Notary Public signature



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 15th day
of July, 2008.

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

[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.

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

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

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

[Signature]
Signature of Notary Public
CHRIS MCCREADY

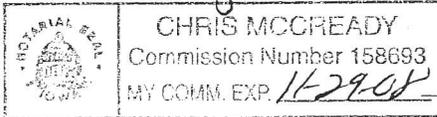
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

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Patricia Marie Richardson

Signature of Spouse
PATRICIA MARIE RICHARDSON

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



Chris McCreedy
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.

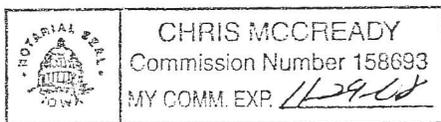
Michael Ray Ruble

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 15th day
of July, 2008.



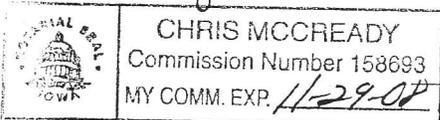
Chris McCreedy
Signature of Notary Public
CHRIS MCCREADY

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.

Marilyn Cuplin Wirtz
Signature of Spouse
MARILYN CUPLIN WIRTZ

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



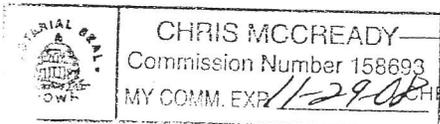
[Signature]
Signature of Notary Public
CHRIS MCCREADY

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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 15th day
of July, 2008.



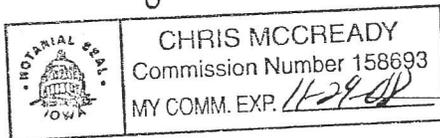
[Signature]
Signature of Notary Public
CHRIS MCCREADY

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AFFIDAVIT OF NON PARTICIPATION

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Laura Ann Walljasper
Signature of Spouse
LAURA ANN WALLJASPER

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

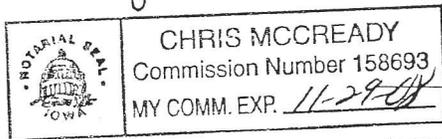


Chris McCreedy
Signature of Notary Public
CHRIS MCCREADY

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William James Walljasper, WILLIAM JAMES WALLJASPER FOR CASEY'S RETAIL COMPANY
Signature of licensee/applicant, Print name of licensee/applicant
WILLIAM JAMES WALLJASPER, TREASURER FOR CASEY'S RETAIL COMPANY

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



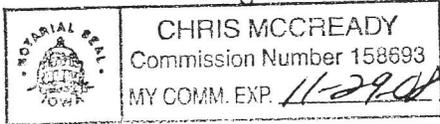
Chris McCreedy
Signature of Notary Public
CHRIS MCCREADY

NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

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Cindy J Ford
Signature of Spouse
CINDY JEAN FORD

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



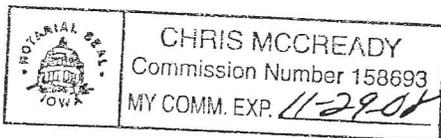
[Signature]
Signature of Notary Public
CHRIS MCCREADY

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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

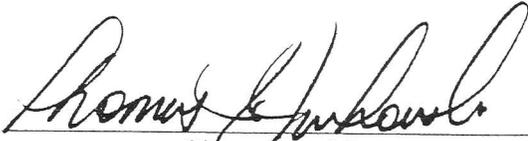
SUBSCRIBED in my presence and sworn to before me this 15th day
of July, 2008.



[Signature]
Signature of Notary Public
CHRIS MCCREADY

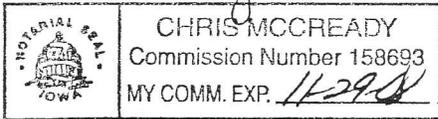
NEBRASKA LIQUOR CONTROL COMMISSION
AFFIDAVIT OF NON PARTICIPATION

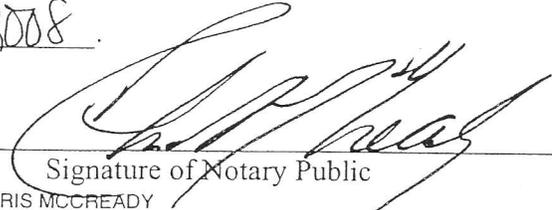
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Signature of Spouse
THOMAS JAMES JACKOWSKI

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





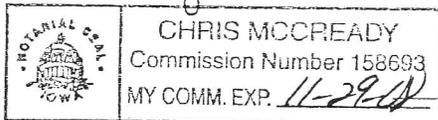
Signature of Notary Public
CHRIS MCCREADY

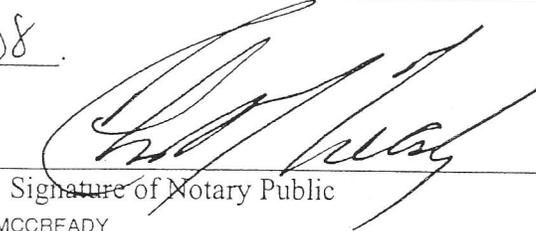
The licensee/applicant understands that he/she is responsible for compliance with the conditions set out above, and that if such terms are violated, the Commission may cancel or revoke the license.



Signature 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 15th day
of July, 2008.





Signature of Notary Public
CHRIS MCCREADY