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 CHRIS BEUTLER

lincoln.ne.gov

LINCOLN
The community of opportunity

August 12, 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 Hy-Vee, 5010 'O' Street requesting a class D liquor license.

Hy-Vee has requested that Matthew Ludwig be approved as the manager of the liquor license.

Background information on the Mr. Ludwig will be omitted as he has been approved by Council on a previous Hy-Vee application.

Mr. Ludwig is current on his 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

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/

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NEBRASKA LIQUOR

CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

☐	A	BEER, ON SALE ONLY	$45.00
☐	B	BEER, OFF SALE ONLY	$45.00
☐	C	BEER, WINE & DISTILLED SPIRTS, 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 Cindy Irvin Phone number: 515-267-2874
Firm Name Hy-Vee, Inc

PREMISE INFORMATION

Trade Name (doing business as) Hy-Vee #1

Street Address #1 5010 "O" Street

Street Address #2

City Lincoln County Lancaster #2 Zip Code 68510

Premise Telephone number 402-483-7707

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

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

Name Hy-Vee, Inc

Street Address #1 5820 Westown Pkwy

Street Address #2

City West Des Moines County Polk Zip Code 50266

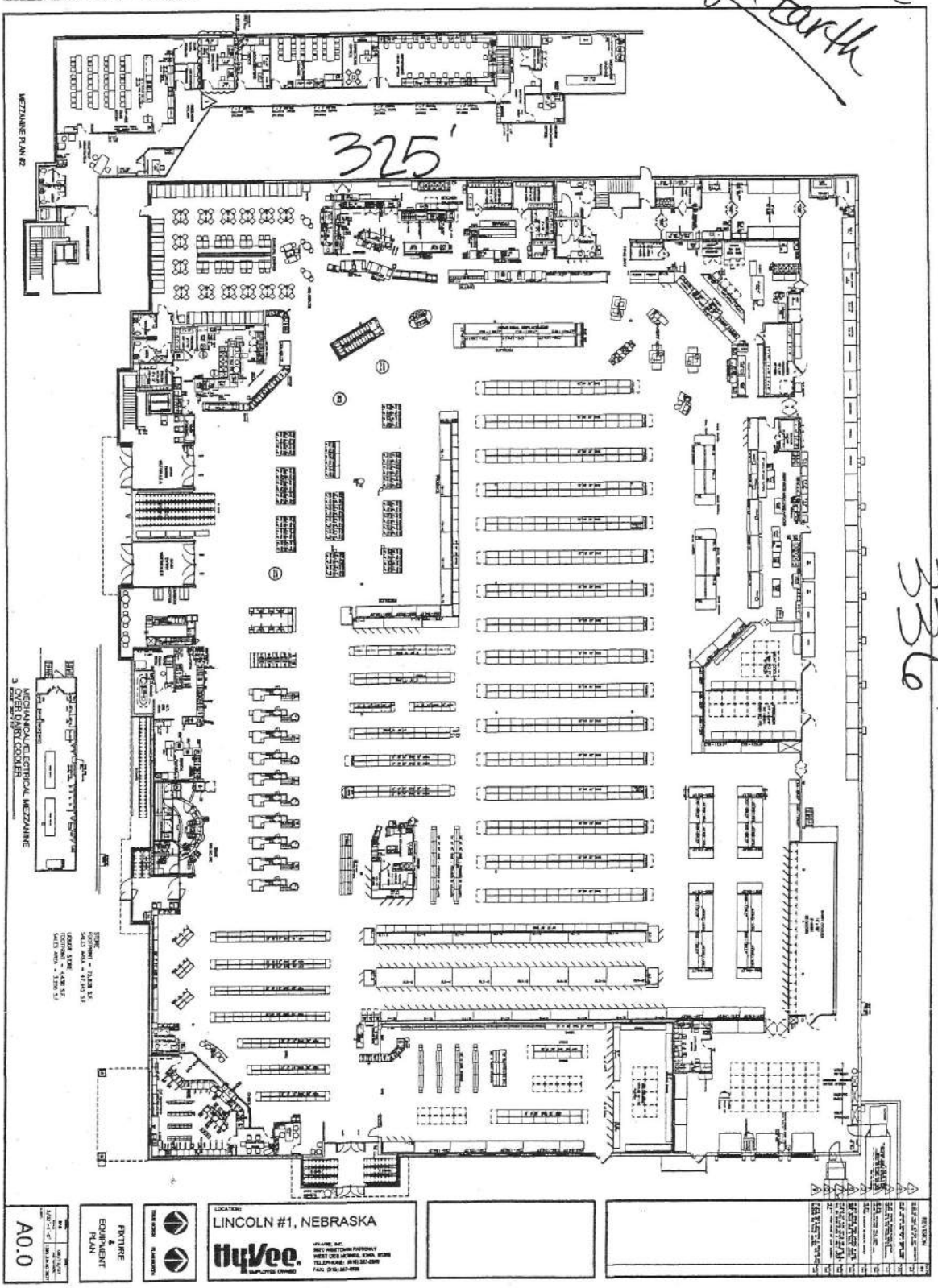
[illegible]

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.

Attached

Entire one story bldg
approx 336' x 325'
including mezzanines

NW corner Google Earth



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.

_____

_____

_____

_____

_____

1. 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)

per Cindy Irvin at Corp office - Boone - Lincoln Campus

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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.

Midwest Heritage Bank, 1025 Braden, Chariton, IA 50049 Richard Jurgens CEO & John Briggs CFO

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.

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. Matthew Ludwig 40+ per applicant

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. Lincoln Hospitality Course. 15yrs with Hy-Vee selling off premise

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? 10/7/2008

16. What will be the main nature of business? Retail Supermarket

17. What are the anticipated hours of operation? 24 hours 7 days per week

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 FROM	YEAR TO	SPOUSE: CITY & STATE	YEAR FROM	YEAR TO
Richard Jurgens W. Des Moines IA	1992	2008	Carol Jurgens W Des Moines IA	1992	2008
John Briggs Waukee, IA	1994	2008	Diane Briggs Waukee IA	1994	2008
Stephen Meyer Des Moines, IA	1992	2008			
Randy Edeker Waukee, IA	2004	2008	Dawn Edeker Waukee, IA	2004	2008

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 Richard N. Jurgens

Signature of Spouse Carol J. Jurgens

Signature of Applicant

Signature of Spouse

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

The foregoing instrument was acknowledged before me this 7-31-08 by

Richard Jurgens

Notary Public signature

Affix Seal Here

CINDY IRVIN
Commission Number 738035
My Commission Expires
12-12-08

County of Polk

The foregoing instrument was acknowledged before me this 7-31-08 by

Carol Jurgens

Notary Public signature

Affix Seal Here

CINDY IRVIN
Commission Number 738035
My Commission Expires
12-12-08

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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NEBRASKA LIQUOR
CONTROL COMMISSION

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Signature of Applicant Randy Edeker

Signature of Spouse Dawn R Edeker

Signature of Applicant

Signature of Spouse

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

The foregoing instrument was acknowledged before me this 31st day of July 2008

Randy Edeker

Notary Public signature

Affix Seal Here

CINDY IRVIN
Commission Number 738035
My Commission Expires
12-12-08

County of Polk

The foregoing instrument was acknowledged before me this 7-31-2008 by

Dawn Edeker

Notary Public signature

Affix Seal Here

CINDY IRVIN
Commission Number 738035
My Commission Expires
12-12-08

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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.

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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 Stephen P Meyer Secretary	Single Signature of Spouse
Signature of Applicant	Signature of Spouse
Signature of Applicant	Signature of Spouse
Signature of Applicant	Signature of Spouse
Signature of Applicant	Signature of Spouse

State of ~~Nebr~~aska Iowa

County of Polk

The foregoing instrument was acknowledged before me this 7-31-08 by

Stephen Meyer

Notary Public signature

Affix Seal Here

NOTARIAL SEAL IOWA
CIND
Commission Num
My Commission Expire

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.
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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.

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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 John C Briggs	Signature of Spouse Diane Briggs
Signature of Applicant	Signature of Spouse
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

The foregoing instrument was acknowledged before me this 7-31-08 by John Briggs

Notary Public signature

Affix Seal Here

NOTARIAL SEAL IOWA
CINDY IRVIN
Commission Number 738035
My Commission Expires 12-10-08

County of Polk

The foregoing instrument was acknowledged before me this 7-31-08 by Diane Briggs

Notary Public signature

Affix Seal Here

NOTARIAL SEAL IOWA
CINDY IRVIN
Commission Number 738035
My Commission Expires 12-10-08

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.

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

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AUG 04 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 bar code receipt by Secretary of States Office)

Name of Registered Agent: The CT Corporation

Name of corporation that will hold license - listed on its Articles

Hy-Vee, Inc

Corporation Address: 5820 Westown Pkwy

City: West Des Moines State: Iowa Zip Code: 50266

Corporation Phone Number: 515-267-2800 Fax Number 515-267-2904

Total Number of Corporation Shares Issued: 12,827,694

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

Last Name: Jurgens First Name: Richard MI: N

Home Address: 3008 Jordan Grove City: West Des Moines

State: Iowa Zip Code: 50265 Home Phone Number:

Signature of president

State of ~~Nebraska~~ Iowa
County of Polk

The foregoing instrument was acknowledged before me this

July 31, 2008 by Richard Jurgens
date name of person acknowledged

Notary Public signature

Affix Seal Here

NOTARIAL SEAL IOWA
CINDY IRVIN
Commission Number 738035
My Commission Expires
12-12-08

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

Last Name: Jurgens First Name: Richard MI: N

Social Security Number: Date of Birth:

Title: President, CEO Number of Shares 268,324

Spouse Full Name (indicate N/A if single): Carol Jean Gaffney Jurgens

Spouse Social Security Number: Date of Birt

Last Name: Meyer First Name: Stephen MI: P

Social Security Number: Date of Birth

Title: Secretary Number of Shares 166,157

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

Spouse Social Security Number: Date of Birth:

Last Name: Briggs First Name: John MI: C

Social Security Number: Date of Birth

Title: CFO, Treasurer Number of Shares 73,958

Spouse Full Name (indicate N/A if single): Diane I. Herrin Briggs

Spouse Social Security Numbe Date of Birth

Last Name: Edeker First Name: Randy MI: B

Social Security Numbe Date of Birth:

Title: Senior Vice President, Retail Operations Number of Shares 41,454

Spouse Full Name (indicate N/A if single): Dawn R. Hoylman Edeker

Spouse Social Security Number: Date of Birth:

Is the applying corporation controlled by another corporation?

☐ YES ☑ NO

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

_____

Indicate the corporation's tax year with the IRS (Example January through December)

Starting Date: 10/01/2007 Ending Date: 09/30/2008

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.

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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

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AUG 04 2008

NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required, however I am obligated to sign and disclose any information on all applications needed to process this application.

Dawn R. Edeker

Signature of spouse asking for waiver
(Spouse of individual listed below)

Dawn R Edeker

Printed name of spouse asking for waiver

State of Iowa

County of Polk

7/31/08
date

Notary Public signature

The foregoing instrument was acknowledged before me this

by Dawn Edeker
name of person acknowledged

Affix Seal

CINDY IRVIN
Commission Number 738035
My Commission Expires
12-18-08

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Randy Edeker

Signature of individual involved with application
(Spouse of individual listed above)

Randy Edeker, Sr VP, Retail Operartions

Printed name of applying individual

State of Iowa

County of Polk

7/31/08
date

Notary Public signature

The foregoing instrument was acknowledged before me this

by Randy Edeker
name of person acknowledged

Affix Seal

CINDY IRVIN
Commission Number 738035
My Commission Expires
12-18-08

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
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Diane L. Briggs

Signature of spouse asking for waiver
(Spouse of individual listed below)

Diane L Briggs

Printed name of spouse asking for waiver

State of Iowa

County of Polk

7-31-08
date

Notary Public signature

The foregoing instrument was acknowledged before me this

by Diane Briggs
name of person acknowledged

Affix Seal

NOTARIAL SEAL IOWA
CINDY IRVIN
Commission Number 738035
My Commission Expires
12-12-08

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Signature of individual involved with application
(Spouse of individual listed above)

John C Briggs, CFO, Treasurer

Printed name of applying individual

State of Iowa

County of Polk

7-31-08
date

Notary Public signature

The foregoing instrument was acknowledged before me this

by John Briggs
name of person acknowledged

Affix Seal

NOTARIAL SEAL IOWA
CINDY IRVIN
Commission Number 738035
My Commission Expires
12-12-08

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Print Form

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Carol J Jurgens
Signature of spouse asking for waiver
(Spouse of individual listed below)

Carol J Jurgens
Printed name of spouse asking for waiver

State of Iowa
County of Polk

7-31-08
date

Notary Public signature

The foregoing instrument was acknowledged before me this
by Carol Jurgens
name of person acknowledged

Affix Seal
NOTARIAL SEAL IOWA
CINDY IRVIN
Commission Number 738035
My Commission Expires
12-12-08

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Richard N Jurgens
Signature of individual involved with application
(Spouse of individual listed above)

Richard N Jurgens, President
Printed name of applying individual

State of Iowa
County of Polk

7-31-08
date

Notary Public signature

The foregoing instrument was acknowledged before me this
by Richard Jurgens
name of person acknowledged

Affix Seal
NOTARIAL SEAL IOWA
CINDY IRVIN
Commission Number 738035
My Commission Expires
12-12-08

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FORM 35-4178
Revised 1/2008

MANAGER APPLICATION
INSERT - FORM 3c

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

Office Use

RECEIVED

AUG 04 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**

Corporation/LLC information

Name of Corporation/LLC: Hy-Vee, Inc

Premise information

Premise License Number:

Premise Trade Name/DBA: Hy-Vee #1 - 1385

Premise Street Address: 5010 "O" Street

City: Lincoln State: NE Zip Code: 68510

Premise Phone Number: 402-483-7707

The individual whose name is listed in the resident or owner/member section of the form must sign their name below.

CORPORATE OFFICER SIGNATURE
(Faxed signatures are acceptable)

Richard N. Jurgens

Manager's information must be completed below. PLEASE PRINT CLEARLY

Gender: ☑ MALE ☐ FEMALE

Last Name: Ludwig First Name: MATTHEW MI: T

Home Address (include PO Box if applicable): 1110 Lamplighter Lane

City: Lincoln State: NE Zip Code: 68510

Home Phone Number: 402-483-0609 Business Phone Number: 402-467-5505

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Des Moines

☑ YES ☐ NO

Spouse's information

Spouses Last Name: Ludwig First Name: SALLY
MI: E

Social Security Number: Drivers License Number & State:

Date Of Birth: Place Of Birth: Des Moines

APPLICANT AND SPOUSE MUST LIST RESIDENCES FOR THE LAST 10 YEARS

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	TO	CITY & STATE	YEAR FROM	TO
Indianola, IA	1994	2000	Indianola, IA	1994	2000
Cherokee, IA	2000	2002	Cherokee, IA	2000	2002
Lincoln, NE	2002	2008	Lincoln, NE	2002	2008

MANAGER'S CURRENT EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1988	2008	Hy-Vee, Inc.	PAT HENSLEY	515-267-2800

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

RECEIVED
AUG 04 2008
NEBRASKA LIQUOR
CONTROL COMMISSION

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.

Traffic violation Iowa

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 Hy-Vee 84th & Holdrege

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

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.

Matt L Ludwig
Signature of Manager Applicant

Sally Ludwig
Signature of Spouse

State of Nebraska

County of Lancaster

The foregoing instrument was acknowledged before me this August 4, 2008 by

Matt L Ludwig

Alicia R. Teinert
Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
ALICIA R. TEINERT
My Comm. Exp. June 19, 2010

County of Lancaster

The foregoing instrument was acknowledged before me this August 4, 2008 by

Sally E. Ludwig

Carolyn S. Meter
Notary Public signature

Affix Seal Here

GENERAL NOTARY-State of Nebraska
CAROLYN S. METER
My Comm. Expires June 29, 2010

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.

Revised 5/2007

Print Form

SPOUSAL AFFIDAVIT OF NON PARTICIPATION INSERT

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
AUG 08 2008
NEBRASKA LIQUOR CONTROL COMMISSION

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will have not have any interest, directly or indirectly in the operation or profit of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices or represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. I understand my fingerprint will not be required; however, I am obligated to sign and disclose any information on all applications needed to process this application.

Sally Ludwig
Signature of spouse asking for waiver
(Spouse of individual listed below)

Sally Ludwig
Printed name of spouse asking for waiver

State of NEBRASKA

County of LANCASTER

The foregoing instrument was acknowledged before me this

August 8, 2008 (date) by Sally Ludwig (name of person acknowledged)

Lorene E. Kramer
Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
LORENE E. KRAMER
My Comm. Exp. June 24, 2009

I acknowledge that I am the spouse of the above listed individual. I understand that my spouse and I are responsible for compliance with the conditions set out above. If it is determined that the above individual has violated (§53-125(13)) the Commission may cancel or revoke the liquor license.

Matt Ludwig
Signature of individual involved with application
(Spouse of individual listed above)

MATT LUDWIG
Printed name of applying individual

State of NEBRASKA

County of LANCASTER

The foregoing instrument was acknowledged before me this

August 8, 2008 (date) by MATT LUDWIG (name of person acknowledged)

Lorene E. Kramer
Notary Public signature

Affix Seal
GENERAL NOTARY-State of Nebraska
LORENE E. KRAMER
My Comm. Exp. June 24, 2009

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.
A ten day advance period is requested in writing to produce the alternate format.

FORM 35-4178
Revised 1/2008