



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

September 9, 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, holder of liquor license C-68411. Hy-Vee is closing the store at 6919 'O' Street.

Hy-Vee is moving this liquor license to 2343 North 48<sup>th</sup> Street and they are requesting that a change of location be approved for the liquor license.

They are also changing the name of the business to Heartland Pantry.

Scott Schlatter will be the manager of this liquor license. Mr. Schlatter is a currently approved liquor license manager and is current on all the required training.

Ownership of the company will remain the same and is on file for your review.

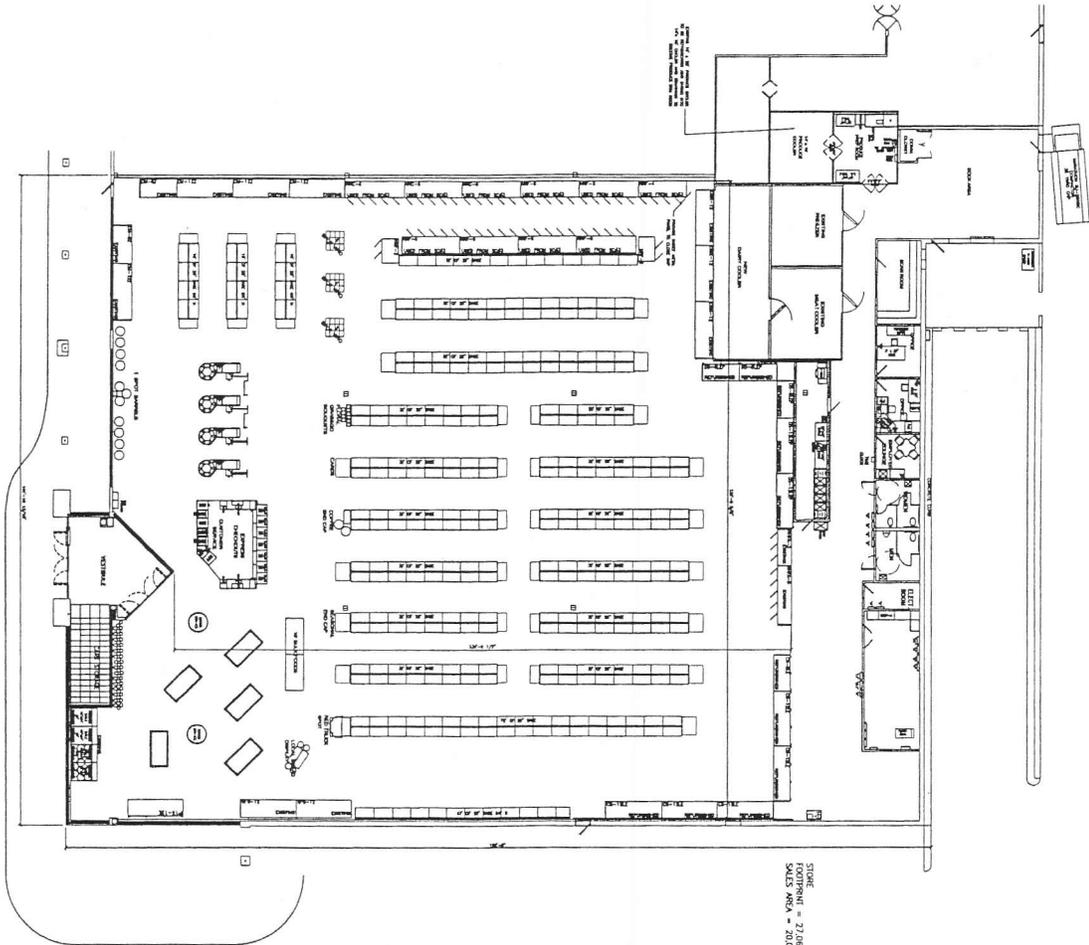
If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency





STORE  
 ADDRESS - 21204 N.E.  
 SOUTH MOORE, OHIO 43086  
 STORE NO. - 20203 S.F.

**A0.0**

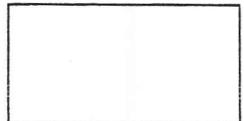
**FIGURE &  
 EQUIPMENT  
 PLAN**



LOCATION:  
**LINCOLN, NE HEARTLAND PANTRY**

**HyVee**  
 EMPLOYEE OWNED

HY-VEE, INC.  
 850 WESTOWN PARKWAY  
 WEST ORE MOORE, OHIO 43086  
 TELEPHONE: (615) 287-2808  
 FAX: (615) 287-2808



NO.	REVISION	DATE

APR 0 1 1996

AMENDED APPLICATION FOR  
CERTIFICATE OF  
AUTHORITY TO TRANSACT BUSINESS  
IN THE STATE OF NEBRASKA

STATE OF NEBRASKA } SS  
SECRETARY'S OFFICE

Received and filed for record  
and recorded on film roll No. 697  
at page 697

*Secretary of State*  
68509 *11/2/96*

Secretary of State, Suite 2300, State Capitol, Lincoln, Nebraska, 68509

INSTRUCTIONS: Complete the form and submit to the Secretary of State, Lincoln, Nebraska, in duplicate along with a certificate from the Secretary of State or other proper officer of the state, territory, district or country under the laws of which such foreign corporation is formed, setting forth that an Amendment has been filed in that office changing the name, and the date it was filed. Certificate should not be more than 30 days old.

(NOTE—Certified copy of articles of incorporation or charter should not be submitted and are not acceptable in lieu of such certificate.)

KNOW ALL MEN BY THESE PRESENTS:

Hy-Vee Food Stores, Inc.

name of corporation

, a corporation organized under the laws of the State of Iowa, which corporation was granted authority to transact business in the State of Nebraska on May 14, 1976, has changed its corporate name to Hy-Vee, Inc., and hereby makes application for such name change in the State of Nebraska.

Hy-Vee, Inc., f/k/a Hy-Vee Food Stores, Inc.

Name of Corporation

is organized under the laws of the State of Iowa and was incorporated on the 3rd day of January, 1938 and the period of duration shall be perpetual.

The principal office of said corporation is located at 5820 Westown Parkway

West Des Moines Iowa 50266  
City State Zip

Pursuant to the Nebraska Business Corporation Act for authority to transact business in Nebraska said foreign corporation states that the acts herein designated were authorized by the managing officers of said corporation.

The registered office of this corporation in Nebraska shall be c/o C T CORPORATION SYSTEM

206 South 13th Street, Suite 1500, Lincoln Lancaster, Nebraska 68508  
Street Address\* City County Zip Code

and the registered agent at such address shall be C T Corporation System  
Name of registered agent

\*Address shall be complete, using full street address. Box number is acceptable only in those cases where street addresses are not available.

IN TESTIMONY WHEREOF, the signatures and corporate seal of the said corporation have been affixed by its duly authorized officers this        day of       , 1996.

Hy-Vee, Inc., f/k/a Hy-Vee Food Stores, Inc.

Name of Corporation

further states

that any process, or other legal notice of the commencement of any legal proceeding or the prosecution thereof, that may be served upon CT Corporation System as Registered Agent, shall constitute valid service upon the corporation, and such authority shall continue so long as liability exists against the corporation in the State of Nebraska.

FILING FEE: \$31.00

SIGNATURE OF AT LEAST TWO OFFICERS REQUIRED:

and one of such signatures shall be notarized.

(corporate seal)

*Ronald D. Pearson*  
Signature of a Vice President

Ronald D. Pearson, President

above signature — typewritten form

State of IOWA }  
County of POLK } ss.

*James D. Meyer*  
Signature of an Assistant Secretary

James D. Meyer, Assistant Secretary

above signature — typewritten form

Ronald D. Pearson

being first duly sworn on oath deposes

and says that (he) (she) is the President

Title of officer

of the above named corporation

and that (he) (she) has read the foregoing application, knows the contents thereof and that the statements therein contained are true as (he) (she) verily believes.

*Ronald D. Pearson*  
Signature of officer

Subscribed and sworn to before me this 22<sup>nd</sup> day of March, 1996.

Notarial Seal

**CONNIE L. CARPENTER**  
MY COMMISSION EXPIRES 10 97

Notary Public

My commission expires

**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**

AUG 29 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

*jm*

**Corporation/LLC information**

Name of Corporation/LLC: Hy-Vee, Inc

**Premise information**

Premise License Number: 68411

Premise Trade Name/DBA: Hy-Vee 1

Premise Street Address: 6919 O ST

City: LINCOLN

State: NE

Zip Code: 68510

Premise Phone Number: (402) 483-7707

**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.**

*Kevin Reeve*

CORPORATE OFFICER SIGNATURE

(Faxed signatures are acceptable)

**KEVIN REEVE**

ASS'T VICE PRESIDENT, CONTROLLER

**Manager's information must be completed below - PLEASE PRINT CLEARLY**

Gender:  MALE  FEMALE

Last Name: Schlatter First Name: Scott MI: A.

Home Address (include PO Box if applicable): 3325 Longview Ct

City: Lincoln State: NE Zip Code: 68506

Home Phone Number: 402-483-2137 Business Phone Number: 402-489-4244

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: Sumner, IA

**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: Schlatter First Name: Deborah  
MI: M

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

Date Of Birth: \_\_\_\_\_ Place Of Birth: West Union, IA

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

APPLICANT			SPOUSE		
CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
3325 Longview Ct., Lincoln, NE	2007	Curr	3325 Longview Ct., Lincoln, NE	2007	Curr
5932 S 81st St, Lincoln, NE	2003	2007	5932 S 81st St, Lincoln, NE	2003	2007
Lee's Summit, MO	2000	2003	Lee's Summit, MO	2000	2003
Ralston, NE	1995	2000	Ralston, NE	1995	2000

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	YEAR TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1990	Curr	Hy-Vee, Inc	Pat Hensley	515-267-2800
1988	1990	Milwaukee Biscuit Co	Rich Baker	N/A

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.

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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

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

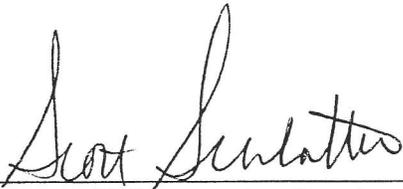
NO

**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.



Signature of Manager Applicant



Signature of Spouse

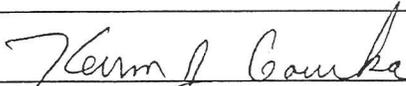
State of Nebraska

County of Lancaster

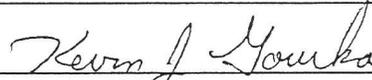
County of Lancaster

The foregoing instrument was acknowledged before me this 8/28/8 by

The foregoing instrument was acknowledged before me this 8/28/8 by



Notary Public Signature



Notary Public Signature

Affix Seal Here

KEVIN J. GOURKA  
General Notary  
State of Nebraska  
My Commission Expires Feb 10, 2009

Affix Seal Here

KEVIN J. GOURKA  
General Notary  
State of Nebraska  
My Commission Expires Feb 10, 2009

# STATE OF IOWA

County Record

RECEIVED

AUG 29 2008

NEBRASKA LIQUOR CONTROL COMMISSION

BOOK 7 PAGE 190  
SEQUENCE 2

<p>1. Place of Birth Bremer b. City or Town Sumner c. Full Name of Hospital or Institution Community Memorial Hospital 2. Usual Residence of Mother a. State Iowa b. County Fayette c. City or Town Sumner d. Street Address—If rural give location R.R. 1</p>	<p>6. Date of Birth Month Day Year M. 0 7. Father of Child—Full Name Harold Dea Schlatter 8. Color of Race White 9. Age 24 10. Birthplace—State or Foreign Country Iowa 11a. Usual Occupation Farming b. Kind of Business or Industry</p>	<p>b. Children Born Alive but now Dead 0 c. How Many Stillborn 0 17. Informant Mother 18a. Attendant's Name James E. Whitmire b. Attendant at Birth M. <input checked="" type="checkbox"/> D.O. <input type="checkbox"/> Other <input type="checkbox"/> c. Attendant's Address Sumner, Iowa d. Date Signed 7/1/60 19. Date Received by Local Registrar 7/2/60 20. Local Registrar's Name Geo. A. Stephenson 21. Birth Number Assigned by State Office 219</p>
<p>3. CHILD'S FULL NAME SCHLATTER, SCOTT ALAN 4. Sex M 5a. This Birth Single <input checked="" type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> b. If twin or triplet this child born 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/></p>	<p>12. Mother of Child—Full Maiden Name Lois Kay Kaune 13. Color of Race White 14. Age 19 15. Birthplace—State or Foreign Country Iowa 16. Children Previously Born to this Mother 0</p>	<p>19. Date Received by Local Registrar 7/2/60 20. Local Registrar's Name Geo. A. Stephenson 21. Birth Number Assigned by State Office 219 Filed: July 6, 1960</p>

This is to certify that this is a true and correct reproduction of the original record as recorded in this office, issued under authority of Chapter 144, Code of Iowa.

March 30 2009 BY Donna Ellison OF Bremer  
DATE ISSUED COUNTY REGISTRAR OF VITAL RECORDS COUNTY

C0792594

FORM #568-0328C (1999)

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY



# 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 29 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.

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

Deborah Schlatter  
Printed name of spouse asking for waiver

*OK*

State of Nebraska

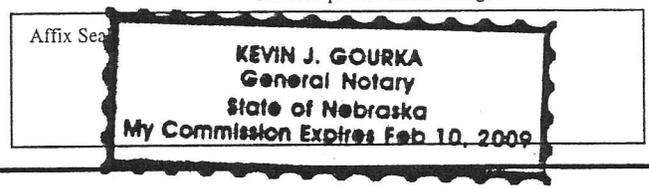
County of Lancaster

8/28/8  
date

The foregoing instrument was acknowledged before me this

by Deborah Schlatter  
name of person acknowledged

Kevin J. Gourka  
Notary Public signature



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.

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

Scott Schlatter  
Printed name of applying individual

*OK*

State of Nebraska

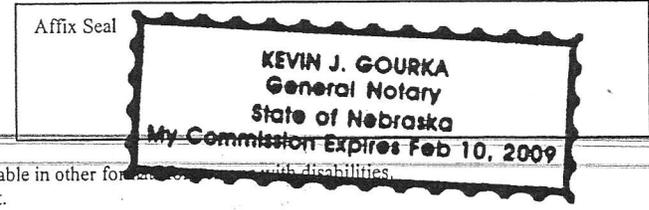
County of Lancaster

8/28/8  
date

The foregoing instrument was acknowledged before me this

by Scott Schlatter  
name of person acknowledged

Kevin J. Gourka  
Notary Public signature



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