



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 11, 2011

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 Gas, 250 North 52<sup>nd</sup> Street requesting a class D liquor license.

Scott Schlatter has requested that he be approved as the manager of the liquor license.

Background information on Mr. Schlatter will be omitted as he is a currently approved manager for Hy-Vee.

Mr. Schlatter will need to complete the required training before the license is issued.

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.

JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



**PREMISE INFORMATION**

Trade Name (doing business as) HY-VEE #1 GAS

Street Address #1 250 N. 52<sup>ND</sup> ST.

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

City LINCOLN County LANCASTER Zip Code 68510

Premise Telephone number TBD GROCERY STORE # 402-483-7707

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

Mailing address (where you want to receive mail from the Commission) \_\_\_\_\_

Name HY-VEE, INC.

Street Address #1 5820 WESTOWN PKWY

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

City WEST DES MOINES State IA Zip Code 50266

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

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, 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. No blue prints please. Be sure to indicate the direction north and number of floors of the building.

\*\*For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms

Length 74 feet  
Width 38 feet

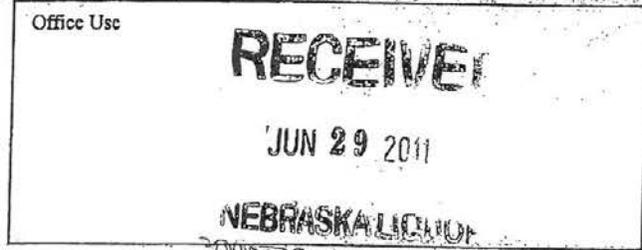
PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

ATTACHED



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



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

- 1) All officers, directors and stockholders must be listed
2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (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 SYSTEM

Name of Corporation that will hold license as listed on the Articles

Hy-VEE, INC.

Corporation Address: 5920 WESTOWN PKWY

City: WEST DES MOINES State: IA Zip Code: 50266

Corporation Phone Number: 515-267-2949 Fax Number 515-559-2542

Total Number of Corporation Shares Issued: 33,880,479 (01/2010)

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

Last Name: EDEKER First Name: RANDALL MI: B.

Home Address: 3703 133rd ST. City: URBANDALE

State: IOWA Zip Code: 50322 Home Phone Number:

Signature of President/CEO: [Handwritten Signature] RANDY EDEKER

ACKNOWLEDGEMENT

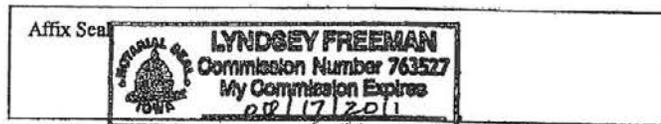
Iowa State of Nebraska County of Polk

The foregoing instrument was acknowledged before me this

JUNE 24, 2011 Date

by RANDY EDEKER name of person acknowledge

[Handwritten Signature]



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

Last Name: EDEKER First Name: RANDALL MI: B

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

Title: PRESIDENT Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): DAWN R. HOYLMAN EDEKER *Spouse*

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

Last Name: JURGENS First Name: RICHARD MI: N

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

Title: CEO, CHAIRMAN Number of Shares \_\_\_\_\_

Spouse Full Name (indicate N/A if single): CAROL J. GAFFNEY JURGENS *Spouse*

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

Last Name: MEYER First Name: STEPHEN MI: P

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

Title: SECRETARY Number of Shares \_\_\_\_\_

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

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

Last Name: PIERCE First Name: JEFFREY MI: L

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

Title: ASSISTANT TREASURER Number of Shares \_\_\_\_\_

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

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

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, provide the following:

- 1) Name of corporation \_\_\_\_\_
- 2) Supply an organizational chart of the controlling corporation named above
- 3) Controlling corporation **MUST** be registered with the Nebraska Secretary of State, copy of articles must be submitted with application §53-126

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

Starting Date: OCTOBER

Ending Date: SEPTEMBER

Is this a Non-Profit Corporation?

YES

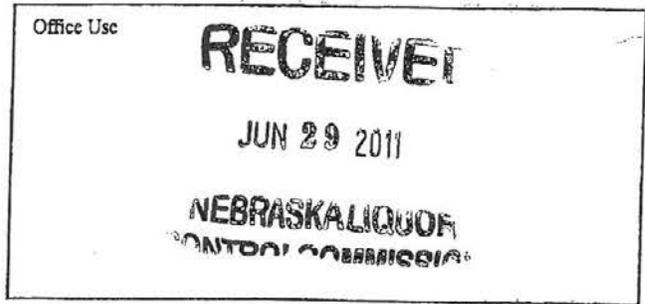
NO

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.

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)



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) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 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: \_\_\_\_\_

(if new application leave blank)

Premise Trade Name/DBA: HY-VEE #1 GAS

Premise Street Address: 250 N. 52<sup>ND</sup> ST.

City: LINCOLN

State: NE

Zip Code: 68510

Premise Phone Number: TBD

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below

  
CORPORATE OFFICER/MANAGING MEMBER SIGNATURE RANDY EDEKER  
(Faxed signatures are acceptable)

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 Court

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: \_\_\_\_\_ - NE

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: \_\_\_\_\_ - NE

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		CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Lincoln, NE	2002	Present	Lincoln, NE	2002	Present
Lee's Summit, MO	2000	2002	Lee's Summit, MO	2000	2002
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	Present	Hy-Vee, Inc.	Pat Hensley	402-350-2640
1988	1990	MBC Foods	Rick 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

5. List the training and/or experience (when and where)

Date:	Where:
6-12-2008	responsible Hospitality Council Management - Lincoln, NE

**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.

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.

Scott Schlatter  
Signature of Manager Applicant SCOTT SCHLATTER

Deborah Schlatter  
Signature of Spouse DEBORAH SCHLATTER

State of Nebraska

County of Lancaster

County of Lancaster

The foregoing instrument was acknowledged before me this June 17, 2011 by

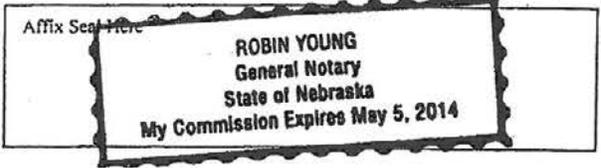
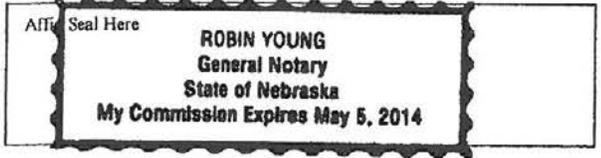
The foregoing instrument was acknowledged before me this June 17, 2011 by

[Signature]

[Signature]

Notary Public signature

Notary Public signature



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.

# STATE OF IOWA

## County Record

BOOK      PAGE     

SEQUENCE

1. Name of Birth <b>Bremer</b>	2. State of Birth <b>Iowa</b>	3. Name of Birth <b>Harold Dean Schlatter</b>	4. Children Born Alive and Dead <b>0</b>	5. How Many Stillborn <b>0</b>
6. City or Town <b>Sumner</b>	7. Father of Child—Full Name <b>Harold Dean Schlatter</b>	8. Color of Hair <b>White</b>	9. Age <b>24</b>	10. Birthplace—State or Foreign Country <b>Iowa</b>
11. Full Name of Hospital or Institution <b>Community Memorial Hospital</b>	12. Usual Residence of Mother a. State <b>Iowa</b> b. County <b>Fayette</b>	13. Usual Occupation <b>Farming</b>	14. Kind of Business or Industry <b>Farming</b>	15. Mother of Child—Full Maiden Name <b>Louise Kay Keune</b>
16. Date Signed <b>7/1/60</b>	17. Signature <b>Geo. A. Stephenson</b>	18. Date Received by Local Registrar <b>7/2/60</b>	19. Local Registrar's Name <b>Geo. A. Stephenson</b>	20. File No. <b>219</b>
18. Child's Full Name <b>SCHLATTER, SCOTT ALAN</b>	19. Sex <b>Male</b>	20. Birth Number Assigned by State Office <b>44-60-25624</b>	21. Date Received by State Office <b>Filed July 6, 1960</b>	22. Birth Number Assigned by State Office <b>219</b>

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.



DATE ISSUED  
**C0792594**  
FORM #568-0328C (1959)

BY Donna Ellison OF Bremer COUNTY REGISTRAR OF VITAL RECORDS

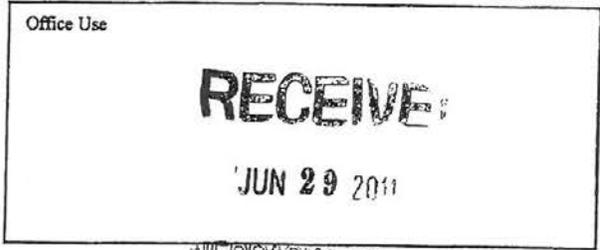


WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

**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](http://www.lcc.ne.gov)



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.

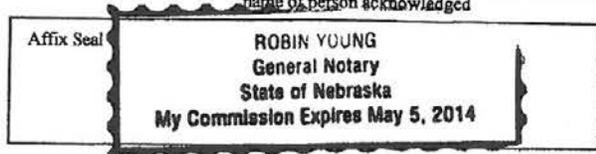
Deborah Schlatter  
Signature of spouse asking for waiver  
(Spouse of individual listed below)

DEBORAH SCHLATTER  
Printed name of spouse asking for waiver

State of Nebraska  
County of Lincoln

The foregoing instrument was acknowledged before me this  
DEBORAH SCHLATTER  
by \_\_\_\_\_  
name of person acknowledged

June 17, 2011  
date  
[Signature]  
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.

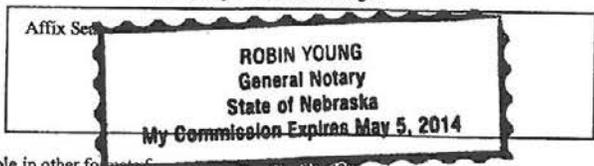
Scott Schlatter  
Signature of individual involved with application  
(Spouse of individual listed above)

SCOTT SCHLATTER  
Printed name of applying individual

State of Nebraska  
County of Lincoln

The foregoing instrument was acknowledged before me this  
SCOTT SCHLATTER  
by \_\_\_\_\_  
name of person acknowledged

June 17, 2011  
date  
[Signature]  
Notary Public signature



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.