



Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
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MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 19, 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, 5010 'O' Street. Hy-Vee holder of a class D liquor license requests this liquor license be upgraded to a class C/K liquor license.

Scott Schlatter will remain as the manager of the license and is the approved manager for the current liquor license. Mr. Schlatter completed the required training on June 12th 2008.

Stockholder information is included for your review.

This application must conform 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



APPLICATION FOR LIQUOR LICENSE CORPORATION INSERT - FORM 3a

Office Use

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NEBRASKA LIQUOR CONTROL COMMISSION

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% 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: THE CT CORPORATION

Name of Corporation that will hold license as listed on the Articles
HY-VEE, INC.

Corporation Address: 5820 WESTOWN PARKWAY

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

Corporation Phone Number: 515-267-2800 Fax Number: 515-559-2542

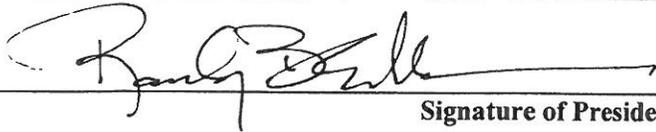
Total Number of Corporation Shares Issued: 34,000,000

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

Last Name: EDEKER First Name: RANDY MI: B

Home Address: 3703 133RD ST City: URBANDALE

State: IA Zip Code: 50322 Home Phone Number: _____



Signature of President/CEO RANDY EDEKER

ACKNOWLEDGEMENT

State of Nebraska
County of _____

The foregoing instrument was acknowledged before me this

_____ Date

by _____

name of person acknowledge

Affix Seal

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 Social Security Number: _____ Date of Birth: _____

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NEBRASKA ALCOHOL CONTROL COMMISSION

signed

spousal

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 Social Security Number: _____ Date of Birth: _____

spousal

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 Social Security Number: _____ Date of Birth: _____

spousal