CITY OF LINCOLN NEBRASKA

LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

June 28, 2016

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 Retail Company, dba Casey's General Store #3515, 110 NW 20th St, requesting a class D-118837 liquor license (beer, wine, distilled spirits off-sale only).

Tina Krings is requesting that she be approved as the manager of the liquor license. Ms. Krings is a regional manager and currently the approved liquor license manager for fifteen of the Casey's General Stores in Lincoln. She completed the required alcohol management training on April 14, 2016.

No areas of concern were found.

The application is 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.

JEFFREY J. BLIEMEISTER, Chief of Police

APPLICATION FOR LIQUOR LICENSE
CHECKLIST - RETAIL

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.nebraska.gov

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Hot List: YES / NO

NEW

Class Type D

118837

Initial RS

Applicant name CASEY'S RETAIL COMPANY

Trade name CASEY'S GENERAL STORE #3515

Previous trade name

Contact email address mikael.ahrens@caseys.com

Provide all the items requested. Failure to provide any item will cause this application to be returned or placed on hold. All documents must be legible. Any false statement or omission may result in the denial, suspension, cancellation or revocation of your license. If your operation depends on receiving a liquor license, the Nebraska Liquor Control Commission cautions you that if you purchase, remodel, start construction, spend or commit money that you do so at your own risk. Prior to submitting your application review the application carefully to ensure that all sections are complete, and that any omissions or errors have not been made. You may want to check with the city/village or county clerk, where you are making application, to see if any additional requirements must be met before submitting application to the Nebraska Liquor Control Commission.

Office use only
PAYMENT TYPE CR 2782172
AMOUNT: $400
Received: MM

1600012547

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1. ☑ Fingerprints are required for each person as defined in new application guide, found on our website under "Licensing Tab" in "Guidelines/Brochures". See Form 147 for further information, this form **MUST** be included with your application. ALREADY ON FILE

2. ☑ Enclose application fee of $400 (nonrefundable), check made payable to the Nebraska Liquor Control Commission or you may pay online at PAYPORT.

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3. ☑ Enclose the appropriate application forms;
   - Individual License (requires insert form 1)
   - Partnership License (requires insert form 2)
   - Corporate License (requires insert form 3a & 3c)
   - Limited Liability Company (LLC) (requires form 3b & 3c)

4. N/A If building is being leased send a copy of signed lease. Be sure the lease reads in the name of the individual(s), corporation or Limited Liability Company (LLC) making application. Lease term must run through the license year being applied for.

5. ✓ If building is owned or being purchased send a copy of the deed or purchase agreement in the name of the applicant.

6. N/A If buying the business of a current liquor license holder:
   a. Provide a copy of the purchase agreement from the seller (must read applicants name)
   b. Provide a copy of alcohol inventory being purchased (must include brand names and container size)
   c. Enclose a list of the assets being purchased (furniture, fixtures and equipment)

7. N/A If requesting to operate on current liquor license; enclose Temporary Operating Permit (TOP) (form 125).

8. N/A Enclose a list of any inventory or property owned by other parties that are on the premises.

9. ☑ For citizenship enclose U.S. birth certificate; U.S. passport or naturalization paper
   a. For residency enclose proof of registered voter in Nebraska
   b. See guideline for further assistance

10. ☑ Corporation or Limited Liability Company (LLC) must enclose a copy of articles of incorporation; as filed with the Secretary of State's Office. This document must show barcode.

11. ☑ Submit a copy of your business plan.

I acknowledge that this application is not a guarantee that a liquor license will be issued to me, and that the average processing period is 60 days. Furthermore, I understand that all the information is truthful and I accept all responsibility for any false documents.

Richardt Schaffert

Signature RICHARDT T. SCHAPPERT, PRESIDENT FOR CASEY'S RETAIL COMPANY

06/21/2016

Date

APPLICATION FOR LIQUOR LICENSE
RETAIL

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.nebraska.gov/

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CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS

RETAIL LICENSE(S) Application Fee $400 (nonrefundable)

_____ A BEER, ON SALE ONLY
_____ B BEER, OFF SALE ONLY
_____ C BEER, WINE, DISTILLED SPIRTS, ON AND OFF SALE
XXXX D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
_____ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
_____ AB BEER, ON AND OFF SALE
_____ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
_____ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY

_____ Class K Catering license (requires catering application form 106) $100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

_____ Individual License (requires insert 1 FORM 104)
_____ Partnership License (requires insert 2 FORM 105)
XXXX Corporate License (requires insert 3a FORM 101 & 3c FORM 103)
_____ Limited Liability Company (LLC) (requires form 3b FORM 102 & 3c FORM 103)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)
Commission will call this person with any questions we may have on this application

Name MIKAEL AHRENS- STORE OPERATIONS LICENSING CLERK Phone number: 515-965-6517

Firm Name CASEY'S RETAIL COMPANY, STORE OPERATIONS, LICENSING

PREMISES INFORMATION

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NEBRASKA LIQUOR CONTROL COMMISSION

Trade Name (doing business as) CASEY'S GENERAL STORE #3515

Street Address #1 110 NW 20TH STREET

Street Address #2

City LINCOLN County LANCASTER Zip Code 68528

Premises Telephone number 515-965-6517- MIKAEL AHRENS @ CORPORATE

Business e-mail address mikael.ahrens@caseys.com

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

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

Name CASEY'S RETAIL COMPANY ATTN: MIKAEL AHRENS

Street Address #1 PO BOX 3001

Street Address #2 ONE SE CONVENIENCE BLVD

City ANKENY State IOWA Zip Code 50021

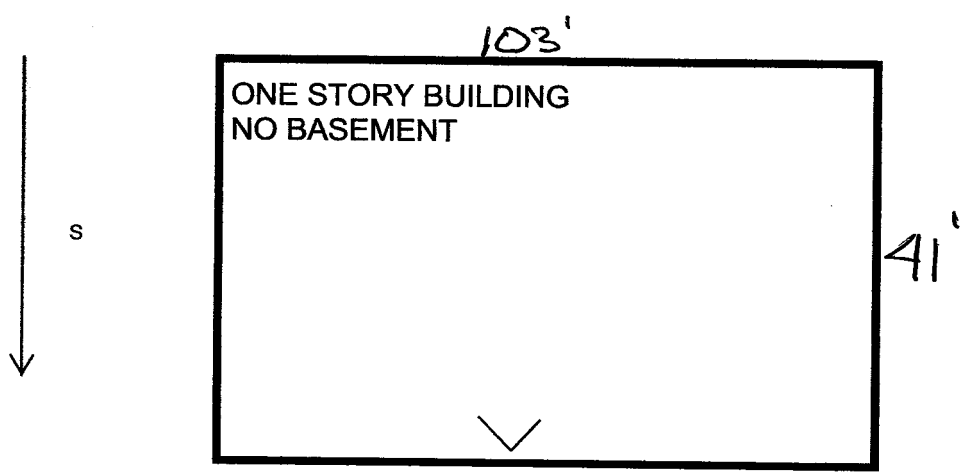
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED READ CAREFULLY

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 premises consumption liquor licenses minimum standards must be met by providing at least two restrooms

Building: length 103 x width 41 in feet
Is there a basement? Yes ____ No XXXX If yes, length ____ x width ____ in feet
Is there an outdoor area? Yes ____ No XXXX If yes, length ____ x width ____ in feet

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



APPLICANT INFORMATION

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)**

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. Include traffic violations. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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XXXX YES _____ NO

If yes, please explain below or attach a separate page

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
PLEASE SEE THE ATTACHED LIST				

2. Are you buying the business of a current retail liquor license?

_____ YES XXXX NO

If yes, give name of business and liquor license number_____

a) Submit a copy of the sales agreement
b) Include a list of alcohol being purchased, list the name brand, container size and how many
c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

_____ YES XXXX NO

If yes, give name and license number_____

4. Are you filing a temporary operating permit (TOP) to operate during the application process?

_____ YES XXXX NO

If yes:
a) Attach temporary operating permit (TOP) (form 125)
b) TOP will only be accepted at a location that currently holds a valid liquor license.

CASEY'S GENERAL STORES, INC.
P.O. Box 3001 • One SE Convenience Blvd • Ankeny, Iowa • 50021 • 515-965-6100

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APPLICATION FOR LIQUOR LICENSE

ANSWER TO QUESTION #1

TERRY HANDLEY: TRAFFIC TICKETS - 2004 PAID FINE
NANCY HANDLEY: TRAFFIC TICKETS - 2002-2004 PAID FINE
MICHAEL RICHARDSON: TRAFFIC TICKETS – 2006-2007 PAID FINES
PATRICIA RICHARDSON: TRAFFIC TICKETS – 1998 & 2006 PAID FINES
RUSSELL SUKUT: TRAFFIC TICKET – 2006 PAID FINE
ROBERT FORD: TRAFFIC TICKET – 1984-1985 PAID FINE
CINDY FORD: TRAFFIC TICKET – 2007 PAID FINE
JULIA JACKOWSKI: TRAFFIC TICKET – 2009 PAID FINE
THOMAS JACKOWSKI: TRAFFIC TICKET – 2000 PAID FINE
LINDSAY RAUTERKUS: TRAFFIC TICKET – 2004-2005 PAID FINES
SEAN RAUTERKUS: TRAFFIC TICKET – 2000-2009 PAID FINES
1/2012 TRAFFIC TICKET – BOONE COUNTY IOWA- PAID FINE
UNDER AGE POSSESSION – 2000 PAID FINES (WHILE IN COLLEGE)

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

_____YES XXXX NO

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If yes, list the lender(s)_____

6. Will any person or entity, other than applicant, be entitled to a share of the profits of this business?

_____YES XXXX NO

If yes, explain. (all involved persons must be disclosed on application)

No silent partners

7. Will any of the furniture, fixtures and equipment to be used in this business be owned by others?

_____YES XXXX NO

If yes, list such item(s) and the owner._____

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, and children, or within 300 feet of a college or university campus?

_____YES XXXX NO

If yes, provide name and address of such institution and where it is located in relation to the premises (Neb. Rev. Stat. 53-177)(1)
Provide letter of support or opposition, see FORM 134 – church or FORM 135 - campus

9. Is anyone listed on this application a law enforcement officer?

_____YES XXXX 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.
a) List the individual(s) who will be authorized to write checks and/or withdrawals on accounts at this institution.

UMB BANK- PO BOX 419226, KANSAS CITY, MO 64141- CASEY'S CORPORATE ACCOUNT DEPARTMENT

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.

CASEY'S RETAIL COMPANY HOLDS LIQUOR LICENSES IN THE STATES OF: IL, KS, MN, ND, NE AND SD. PLEASE SEE ATTACHED LIST OF STORES BY STATE.

12. List the alcohol related training and/or experience (when and where) of the person(s) making application. Those persons required are listed as followed:

- Individual: Applicant and spouse; spouse is exempt if they filed Form 116 – Affidavit of Non-Participation.
- Partnership: All partners and spouses, spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Limited Liability Company: All member of LLC, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.
- Corporation: President, Stockholders holding 25% or more of shares, Manager and all spouses; spouses are exempt if they filed Form 116 – Affidavit of Non-Participation.

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NLCC certified training program completed:

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
TINA KRINGS	05/29/2013	RESPONSIBLE HOSPITALITY COUNCIL

List of NLCC certified training programs

Experience:

Applicant Name/Job Title	Date of Employment:	Name & Location of Business
TINA KRINGS, DISTRICT MANAGER FOR CASEY'S RETAIL COMPANY	09/10/2001-PRESENT	CASEY'S GENERAL STORES, INC, ONE SE CONVENIENCE BLVD, ANKENY, IA 50021

13. 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 N/A

XXXX Deed

_____ Purchase Agreement

14. When do you intend to open for business? OCTOBER 2016

15. What will be the main nature of business? CONVENIENCE STORE/GAS STATION

16. What are the anticipated hours of operation? 24 HOURS ALL DAYS

17. List the principal residence(s) for the past 10 years for all persons required to sign, including spouses.

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE					
APPLICANT: CITY & STATE	YEAR FROM	TO	SPOUSE: CITY & STATE	YEAR FROM	TO
RICHARDT T. SCHAPPERT, PLEASANT HILL, IOWA	1993	CURRENT	N/A	N/A	N/A
JULIA L. JACKOWSKI, URBANDALE, IOWA	1999	CURRENT	THOMAS JACKOWSKI, URBANDALE, IOWA	1999	CURRENT
MICHAEL RICHARDSON, PLEASANT HILL, IOWA	1999	CURRENT	PATRICIA RICARDSON, PLEASANT HILL, IOWA	1999	CURRENT
ROBERT FORD, DALLAS CENTER, IOWA	1989	CURRENT	CINDY FORD, DALLAS CENTER, IOWA	1999	CURRENT
WILLIAM WALLJASPER, ANKENY, IOWA	1994	CURRENT	LAURA WALLJASPER, ANKENY, IOWA	1994	CURRENT

If necessary attach a separate sheet.

JAMES PISTILLO: URBANDALE, IA	2002	CURRENT	NICOLE PISTILLO: URBANDALE, IA	2002	CURRENT
LINDSAY RAUTERKUS: JOHNSTON, IA	2005	9/2013	SEAN RAUTERKUS: JOHNSTON, IA	2005	9/2013
LINDSAY RAUTERKUS: GRANGER, IA	9/2013	CURRENT	SEAN RAUTERKUS: GRANGER, IA	9/2013	CURRENT

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background 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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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). See guideline for required signatures

RICHARDT SCHAPPERT
Signature of Applicant

Signature of Spouse

JULIA JACKOWSKI
Print Name

THOMAS JACKOWSKI
Print Name

MICHAEL RICHARDSON
Signature of Applicant

PATTY RICHARDSON
Signature of Spouse

ROBERT FORD
Print Name

CINDY FORD
Print Name

ACKNOWLEDGEMENT

State of IOWA
County of POLK

06/21/2016
date

The foregoing instrument was acknowledged before me this
by RICHARDT SCHAPPERT, JULIA JACKOWSKI, THOMAS JACKOWSKI, MICHAEL RICHARDSON, PATRICIA RICHARDSON, ROBERT FORD, CINDY FORD, WILLIAM WALLJASPER, LAURA WALLJASPER
name of person(s) acknowledged (individual(s) signing)

Notary Public signature

NOTARIAL SEAL IOWA
CHRIS MCCREADY
Commission Number 158693
MY COMM. EXP. 11-29-2017

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.

The undersigned applicant(s) hereby consent(s) to an investigation of his/her background 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. 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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NEBRASKA LIQUOR
CONTROL COMMISSION

Individual applicants agree to supervise in person the management and operation of the business and that they will or employee a manager 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). See guideline for required signatures http://www.lcc.ne.gov/pdfs/New%20Application%20Guideline.pdf

WILLIAM WALLJASPER
Signature of Applicant

LAURA A. WALLJASPER
Signature of Spouse

JAMES PISTILLO
Print Name

NICOLE PISTILLO
Print Name

LINDSAY RAUTERKUS
Signature of Applicant

SEAN RAUTERKUS
Signature of Spouse

Print Name

Print Name

ACKNOWLEDGEMENT

State of IOWA
County of POLK

6/21/2016
date

by The foregoing instrument was acknowledged before me this JAMES PISTILLO, NICOLE PISTILLO, LINDSAY RAUTERKUS, SEAN RAUTERKUS
name of person(S) acknowledged (individual(s) signing)

Notary Public signature

CHRIS MCCREADY
Commission Number 158693
MY COMM. EXP. 11-29-17

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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

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NEBRASKA LIQUOR CONTROL COMMISSION

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

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

CASEY'S RETAIL COMPANY 010058191

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: NONE

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

Last Name: SCHAPPERT First Name: RICHARDT MI: T

Home Address: 1950 COPPER WYND COURT City: PLEASANT HILL

State: IOWA Zip Code: 50327 Home Phone Number: 515-965-6189

Richardt Schappert

Signature of President/CEO

ACKNOWLEDGEMENT

State of IOWA
County of POLK

The foregoing instrument was acknowledged before me this

6/6/2016 **by** RICHARDT T. SCHAPPERT CASEY'S RETAIL CO

Date **name of person acknowledge**

Chris McCready

Affix Seal

NOTARIAL SEAL IOWA
CHRIS MCCREADY
Commission Number 158693
MY COMM. EXP. 11-29-17

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

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Last Name: PISTILLO First Name: JAMES MI: R

Social Security Number: _____ Date of Birth: _____

Title: VICE PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): NICOLE M. PISTILLO

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: SVP 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: _____

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

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Last Name: SCHAPPERT First Name: RICHARDT MI: T

Social Security Number: Date of Birth:

Title: VICE PRESIDENT Number of Shares 0

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

Spouse Social Security Number: Date of Birth:

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:

Last Name: RAUTERKUS First Name: LINDSAY MI: J

Social Security Number: Date of Birth:

Title: ASS'T SECRETARY Number of Shares 0

Spouse Full Name (indicate N/A if single): SEAN J. RAUTERKUS (NON PARTICIPATING)

Spouse Social Security Number: Date of Birth:

Last Name: WALLJASPER First Name: WILLIAM MI: J

Social Security Number: Date of Birth:

Title: SVP Number of Shares 0

Spouse Full Name (indicate N/A if single): LAURA WALLJASPER (NON PARTICIPATING)

Spouse Social Security Number: Date of Birth:

Is the applying corporation controlled by another corporation/company?

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☒ YES ☐ NO

If yes, provide the following:

1) Name of corporation CASEY'S GENERAL STORES INC.
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: 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.

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

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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 fingerprints (unless a non-participating spouse) (2 cards per person) and fees of $38 per person, made payable to Nebraska State Patrol**
5) **Must be 21 years of age or older**
6) **May be required to take a training course**

Corporation/LLC information

Name of Corporation/LLC: CASEY'S RETAIL COMPANY

Premise information

Premise License Number: _____
(if new application leave blank)

Premise Trade Name/DBA: CASEY'S GENERAL STORE # 3515

Premise Street Address: 110 NW 20TH STREET

City: LINCOLN State: NE Zip Code: 68528

Premise Phone Number: 515-965-6517 (MIKAEL AHRENS, STORE OPERATIONS CLERKS, LICENSING)

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b or listed with the Commission. Click on this link to see authorized individuals.
http://www.lcc.ne.gov/license_search/licsearch.cgi

Richard Schoffner

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

RECEIVED
JUN 32 2016
NEBRASKA LIQUOR
CONTROL COMMISSION

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ○ MALE ● FEMALE

Last Name: KRINGS First Name: TINA MI: M

Home Address (include PO Box if applicable): 1212 BLUE STEM CIRCLE

City: NORFOLK County: MADISON Zip Code: 68701

Home Phone Number: 515-371-6926 Business Phone Number: 515-371-6926

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 & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT **SPOUSE**

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

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MANAGER'S LAST TWO EMPLOYERS

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
9/01	CURRENT	CASEY'S GENERAL STORES	JAN KONRAD	515-965-6517
01-98	08/01	ARNOLD ENGINEERING	PLANT CLOSED	NA

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

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.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
OFFICERS ON APPLICATION FORM				

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ◉ YES ○ NO
IF YES, list the name of the premise.
CASEY'S GENERAL STORES - MULTIPLE NEBRASKA STORES- PLEASE SEE LIST

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ◉ YES ○ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the **Nebraska State Patrol for $38.00 per person)**
■ YES ○ NO ALREADY ON FILE

5. List any alcohol related training and/or experience (when and where).
RESPONSIBLE HOSPITALITY COUNCIL MANAGEMENT TRAINING 5/29/13

PERSONAL OATH AND CONSENT OF INVESTIGATION

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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 M. Krings

Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of IOWA
County of POLK

The foregoing instrument was acknowledged before me this

6/6/2016
date

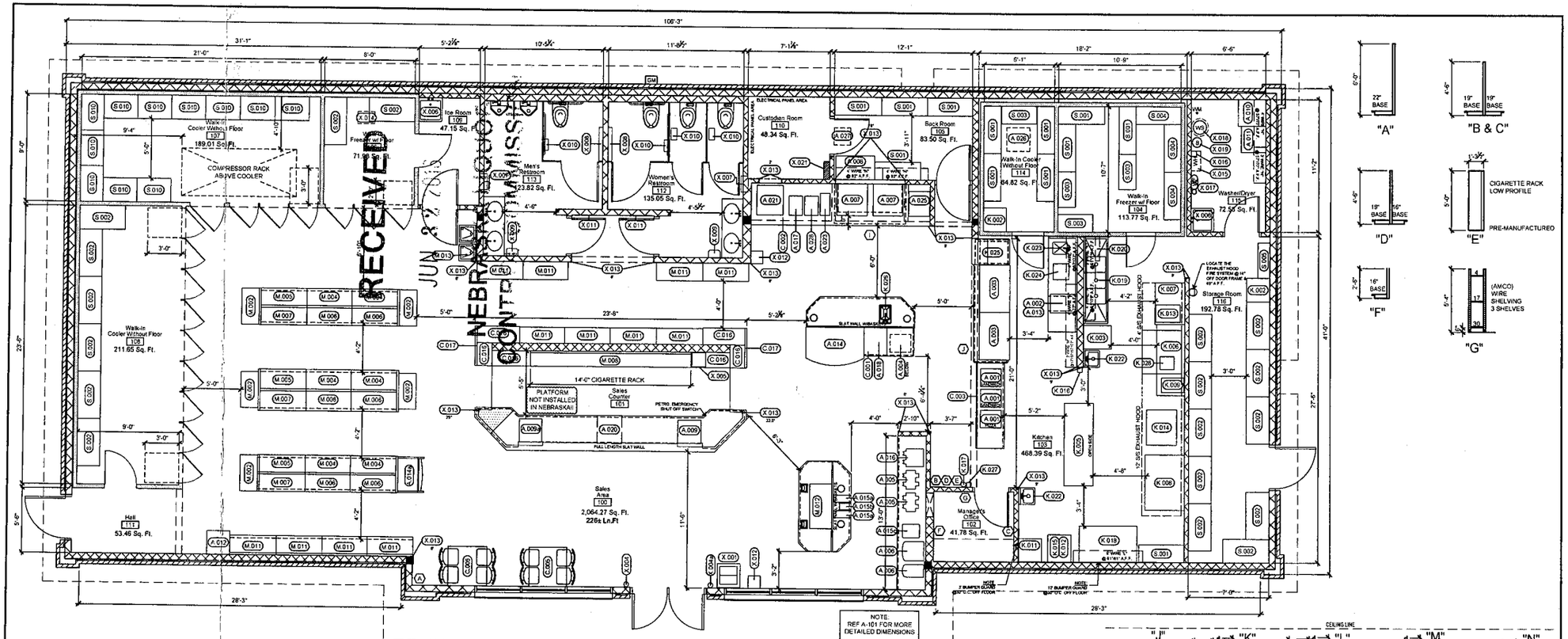
by TINA KRINGS
name of person acknowledged

Chris McCready
Notary Public signature

Affix Seal

NOTARIAL SEAL IOWA
CHRIS MCCREADY
Commission Number 158693
MY COMM. EXP. 11-29-17

In compliance with the ADA, this application is available in other formats for persons with disabilities.
A ten day advance period is required in writing to produce the alternate format.



Equipment and Fixture Floor Plan

1/4" = 1'-0"

Equipment Schedule

A - APPLIANCE

NOTE	DESCRIPTION	DETAILS
A 001	SELF-SERVE SANDWICH/PIZZA WARMER	
A 002	COUNTERTOP COOKER/WARMER	
A 003	DELI SANDWICHES - (2) 4'-0" PREP TABLES	WITH SNEEZE GUARDS
A 004	MICROWAVE (BELOW COUNTERTOP)	
A 005	2 SH DOCKING STATION	W/ 2 SERVERS
A 006	CAPPUCCINO	3 & 5 HEAD (3 HEAD ON RIGHT, 5 HEAD ON LEFT)
A 007	SELF-SERVE FOUNTAIN DRINK	10 DISPENSER HEADS
A 008	BAG-IN-BOX W/ CARBONATOR	
A 009	CASH REGISTER #1	
A 009a	CASH REGISTER #2	
A 010	ELECTRIC WASHER UNIT	
A 011	ELECTRIC DRYER UNIT	
A 012	ATM	
A 013	COMMERCIAL COMBINATION OVEN	MOUNT @ 52" A.F.F.
A 014	5' OPEN TOP COOLER	BORGEN MODEL #----
A 014a	3' OPEN TOP COOLER	BORGEN MODEL #----
A 015a	FLAVOR SHOTS	
A 015b	CONDIMENTS	
A 015c	FRESH CREAMER	
A 016	DUAL COFFEE BREWER	W/ 2 SERVERS
A 017	ICE COFFEE	
A 018	CONDIMENT AREA	
A 020	UNDERCOUNTER SAFE	
A 021	FROZEN CARBONATED BEVERAGE FREEZER	# C302 - McCORMACK
A 023	ICE TEA BREWER	MODEL 1 BJG WITH TDO-4 DISPENSER
A 025	SOFT SERVE ICE CREAM MACHINE	
A 026	ICE FOLLET MACHINE	SITS ON RACK ABOVE CEILING
A 027	FOLLETT MANAGER	ON WALL ABOVE DOOR
A 028	SWEET TEA URN	

S - STORAGE

NOTE	DESCRIPTION	DETAILS
S.001	48" x 18" x 64"	G MIN. 6" TO BOTTOM
S.002	48" x 24" x 64"	G MIN. 6" TO BOTTOM
S.003	36" x 18" x 64"	G MIN. 6" TO BOTTOM
S.004	48" x 18" x 8" PLATFORM	
S.005	36" x 18" COAT RACK	
S.007	48" x 24"x8" PLATFORM	
S.010	36" x 24" x 64" (BLACK)	G MIN. 6" TO BOTTOM

C - CASEWORK

NOTE	DESCRIPTION	DETAILS
C.001	CONDIMENT/COFFEE CASEWORK	5'-0" W x 9'-4 1/2" L
C.002	FOUNTAIN DRINKS CASEWORK	3'-6" W. x 15'-7" L
C.003	SELF-SERVE SANDWICH CASEWORK	3'-0" W x 19'-0" L
C.005	TABLE & CHAIRS	
C.016	CASEWORK	"VARIES"
C.017	SLAT WALL	40" L x 65" H

M - MERCHANDISING

NOTE	DESCRIPTION	DETAILS
M.001	MUGS	
M.002	3'-0" END CAP	
M.004	16-16-15 SHELVING	
M.005	16-16-15 SHELVING	
M.006	13 SHELVING	
M.007	SHELVING	
M.008	55" CIGARETTE RACK	168" (14'-0" L.)
M.010	SHELVING	
M.011	16-15 SHELVING	
M.012	SELF SERVE DONUT CASE	SHELF @ 5", 11", 17", 23"
M.013	DRINKING FOUNTAIN	HIGH/LOW TYPE

X - OTHER

NOTE	DESCRIPTION	DETAILS
X.001	TRASH RECEPTICLE	1 SQUARE, 1 RADIUS FRONT
X.002	MICROPHONE	
X.003	CREDIT CARD MACHINE	
X.004	FIRE EXTINGUISHER	32" A.F.F 10 LB. ABC 4-A-80BC
X.004a	FIRE EXTINGUISHER (ILLINOIS ONLY)	32" A.F.F 10 LB. ABC 4-A-80BC
X.005	LOTTO	
X.006	MOP BASIN DO NOT INSTALL UNTIL AFTER CERAMIC FLOOR TILE HAS BEEN INSTALLED	
X.007	RECESSED PAPER TOWEL DISPENSER AND TRASH RECEPTACLE	
X.008	BABY CHANGING STATION	HORIZONTAL
X.009	ELECTRIC HAND DRYER	
X.010	DOUBLE TOILET PAPER HOLDER	
X.011	H.C. RESTROOM SIGN @48" TO CENTER & 3" OFF LATCH SIDE OF DOOR	
X.012	HAND SANITIZER STATION (VERIFY LOCATION)	
X.013	PLASTIC OUTSIDE CORNER	
X.014	AIR COMPRESSOR LOCATED ABOVE WALK-IN COOLER	ON SHELF MOUNTED TO WALL
X.015	NORITZ MODEL #NRC98 TANK LESS WATER HEATER	
X.016	RECIRCULATING PUMP	
X.017	WATER FILTER SYSTEM - MIN. 48" CLEARANCE BELOW TO ALLOW FILTER TO BE REMOVED (FOLLOW MANUF. INSTALLATION INSTRUCTIONS)	
X.018	WATER SOFTENER	
X.019	BRINE TANK	
X.021	CONTACTOR RELAY BOX & DIGITAL TEMP SENSOR (45" TO BOTTOM OF BOX)	

K - KITCHEN

NOTE	DESCRIPTION	DETAILS
K.001	ICE MACHINE	ON LEGS
K.002	TRAY RACK	ON CASTERS
K.003	MIXER	ON CASTERS
K.004	8'-0" STAINLESS STEEL TABLE	96" x 24" x 31" H.
K.005	8'-0" STAINLESS STEEL ISLAND TABLE	OPEN SIDE TOWARD OVENS
K.006	6'-0" STAINLESS STEEL TABLE	72" x 30" x 36" H
K.007	42" STAINLESS STEEL TABLE	42" x 30" x 31" H
K.008	PIZZA OVENS	
K.009	TENDERLOIN FRYER	ON LEGS
K.010	4'-6" STAINLESS STEEL TABLE	54" x 26" x 31" H
K.011	2' STAINLESS STEEL TABLE	24" x 24" x 36" H. (WITH DRAWERS)
K.012	24" STAINLESS STEEL ROLLER TABLE	ON CASTERS
K.013	DONUT FRYER	ON LEGS
K.014	BREAD OVEN AND PROOFER	6" CLEARANCE REQUIRED
K.015	DOUGH ROLLER	BOLT TO CART
K.016	PIZZA PHONE JACK	MOUNT 60" A.F.F.
K.017	FIRE EXTINGUISHER	MOUNT 25" A.F.F. TYPE "K"
K.018	5'-7" STAINLESS STEEL PREP TABLE	67" x 32" x 31" H
K.019	3 - COMPARTMENT SINK	W/DUAL DRAIN BOARDS
K.020	15" x 24" WIRE SHELVING BELOW SINK FOR TOXIC CLEANING SUPPLIES	
K.022	STAINLESS STEEL HAND SINK	WALL HUNG W/KNEE BUTTON (KITCHEN SINKS WITH SOAP AND TOWEL DISPENSERS)
K.023	VEGETABLE SINK	MOLDED IN 8' STAINLESS STEEL TABLE
K.024	VEGETABLE SLICER	MANUAL, COUNTER TOP
K.025	BREAD HOLDING CABINET	37 2"H x 22 2"W x 31 2"D ON CASTERS
K.026	STAINLESS STEEL HAND SINK	COUNTER MOUNTED W/SPLASH GUARDS
K.027	EMERGENCY PULL STATION	48" TO CENTER OF SQUARE BOX
K.028	GLOBE POWER MIXER	5 QUARTS

BULLETIN BOARD

NOTE	DESCRIPTION	DETAILS	LOCATION
A	36" x 48" VERTICAL	BOTTOM = 50" A.F.F.	BACK ROOM
B	18" x 24" GLASS ENCLOSED	PERMIT BULLETIN BOARD 55" TO BTM A.F.F.	SALES
C	18" x 24" VERTICAL	BOTTOM = 70" A.F.F.	OFFICE
D	18" x 24" VERTICAL		KITCHEN
E	16" x 48" VERTICAL	BOTTOM = 36" A.F.F.	SALES
F	12" x 36" VERTICAL	BOTTOM = 36" A.F.F.	OFFICE
G	KEY RING SHELF	MOUNT ABOVE LIGHT SWITCH	OFFICE
I	1-47" MONITOR	INSTALLED BY GRAPHICS CONTR.	REFRESH CTR.
J	3-47" MONITORS	INSTALLED BY GRAPHICS CONTR.	DELI CASE

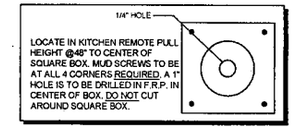
NOTE:
CONTRACTOR TO ASSEMBLE SHELVES G, H, I, J, K, L & M. MEASUREMENTS ARE TO THE CENTER OF THE WIRE SHELVES

CONTRACTOR TO ASSEMBLE SHELVES G, H, & I; MINIMUM 6" OF CLEARANCE FROM BOTTOM SHELF TO FINISH FLOOR.

2 Shelving Components

1/4" = 1'-0"

Remote Pull Detail (K027)



LOCATE IN KITCHEN REMOTE PULL HEIGHT @48" TO CENTER OF SQUARE BOX. MUD SCREWS TO BE AT ALL 4 CORNERS REQUIRED. A 1" HOLE IS TO BE DRILLED IN F.R.P. IN CENTER OF BOX. DO NOT CUT AROUND SQUARE BOX.

CASEY'S

CASEY'S CONSTRUCTION DIVISION
One Convenience Blvd., P.O. Box 3001, Ankeny, Ia. 50021 515-965-6100

"O3" STYLE STORE
HIP-ROOF

03-01-16

EQUIPMENT PLAN

CONSTRUCTION DIVISION

L. BURKE

AQ-101