

RESOLUTION NO. _____

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA RECOMMENDING TO THE NEBRASKA LIQUOR CONTROL COMMISSION, APPROVAL OF THE CLASS D LIQUOR LICENSE APPLICATION OF CASEY'S RETAIL COMPANY DBA CASEY'S GENERAL STORE 2454, LA VISTA, NEBRASKA.

WHEREAS, Casey's Retail Company dba Casey's General Store 2454, 9542 Giles Road, La Vista, Sarpy County, Nebraska, has applied to the Nebraska Liquor Control Commission for a Class D Liquor License, and

WHEREAS, the Nebraska Liquor Control Commission has notified the City of said application, and

WHEREAS, the City has adopted local licensing standards to be considered in making recommendations to the Nebraska Liquor Control Commission, and

WHEREAS, said licensing standards have been considered by the City Council in making its decision.

NOW, THEREFORE, BE IT RESOLVED, that the Mayor and City Council of La Vista, Nebraska, hereby recommend to the Nebraska Liquor Control Commission approval of the Class D Liquor License application submitted by Casey's Retail Company dba Casey's General Store 2454, 9542 Giles Road, La Vista, NE.

PASSED AND APPROVED THIS 20TH DAY OF NOVEMBER, 2018.

CITY OF LA VISTA

Douglas Kindig, Mayor

ATTEST:

Pamela A. Buethe, CMC
City Clerk



**LA VISTA POLICE DEPARTMENT
INTER-DEPARTMENT MEMO**

TO: **Pam Buethe, City Clerk**

FROM: **Robert S. Lausten, Police Chief**

DATE: **November 6, 2018**

RE: **Application for Liquor License Class Change from B to D**

The La Vista Police Department has reviewed the application by Casey's and no concerns were identified by the police department. The Manager listed, Tina Krings, has no record.

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/

--

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 SPIRITS, ON AND OFF SALE
- D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
- I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
- J LIMITED ALCOHOLIC LIQUOR, OFF SALE – MUST INCLUDE SUPPLEMENTAL FORM 120
- 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)
- 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 LAGE, STORE OPERATIONS

Phone number: 515-965-6517

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

PREMISES INFORMATIONTrade Name (doing business as) CASEY'S GENERAL STORE #2454Street Address #1 9542 GILES ROADStreet Address #2 City LA VISTACounty SARPY#59Zip Code 68128Premises Telephone number 402-592-6502Business e-mail address mikael.lage@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 LAGEStreet Address #1 PO BOX 3001Street Address #2 City ANKENYState IAZip 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.

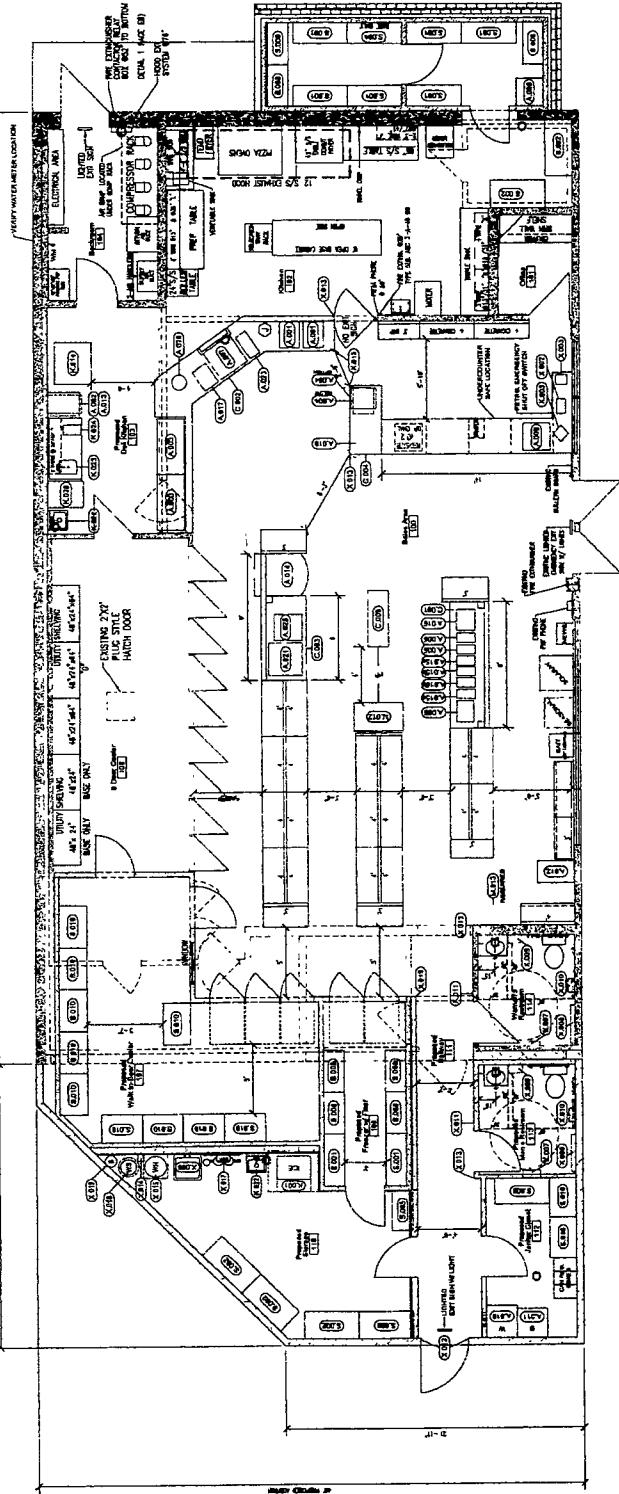
****For on premises consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Building: length 89' x width 40' in feetIs there a basement? Yes No xxxIf yes, length x width in feetIs there an outdoor area? Yes No xxxIf yes, length x width in feet

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

one story building approx 89 x 40

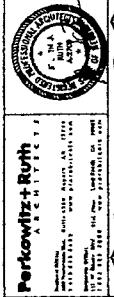
General Notes



Equipment Plan

Equipment Schedule

Perkowitz + Ruth
A A C H I T E C



CLERKS

CASEY'S EQUIPMENT DIVISION	
One Construction Park, P.O. Box 4001, Atchison, KS 66002-4001	
800-222-1111	
FAX: 913-382-1111	
EQUIPMENT PLAN	
AQ-10	
Leavenworth, KS #2444	
8500 Gilde Road	
(O) Remodel-Hip Roof-3000 Sq. Ft.	
CONTRACTOR: DODSON	
DODSON, DODSON & CO.	
DODSON, DODSON & CO.	

AQ-101

AQ-101

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.

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 SPREADSHEET				

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

YES 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 NO

If yes, give name and license number CASEY'S RETAIL COMPANY- B080181

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

YES 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.

Nebraska Liquor Control Commission-
 Application for Liquor License Checklist-
 Retail, Applicant Information Question #1

Name of Applicant	Date of Conviction	Where Convicted	Description of Charge	Disposition
William Walljasper	2017	Windsor Heights, Iowa	Speeding Ticket- Camera	Paid
Darryl Bacon	Unknown	Iowa	Two speeding tickets issued in lifetime- both non-alcohol related.	Paid
Douglas Beech	Unknown	Iowa	Two non-alcohol related speeding ticket issued in lifetime.	Paid
Richardt Schappert	Unknown	Iowa	Non-alcohol related speeding tickets issued in lifetime.	Paid
Cindi Summers	Unknown	Iowa	One non-alcohol related speeding tickets issued in lifetime.	Paid
Jay Soupene	Unknown	Unknown	Non-alcohol related speeding tickets issued in lifetime.	Paid
Tina Krings	Unknown	Unknown	One non-alcohol related speeding tickets issued in lifetime.	Paid

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

YES XXX NO

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 XXX 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 XXX 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 XXX 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 XXX 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 ALCOHOL LICENSES IN THE STATE OF: IL, KS, MN, ND, NE, AND SD. PLEASE SEE THE FULL LIST ATTACHED.

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.

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 _____
xxx Deed
 Purchase Agreement

14. When do you intend to open for business? UPGRADE TO CLASS D, LIQUOR LICENSE

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

16. What are the anticipated hours of operation? 5A-12P 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	
PLEASE SEE THE ATTACHED LIST					

If necessary attach a separate sheet.

CASEY'S RETAIL COMPANY

OFFICERS AND SPOUSES
ATTACHMENT FOR QUESTION #17

John C. Soupene, President and Spouse: Amy Beth Soupene
2006-2008: US Army, 125 Harvest Loop, Harker Heights, TX 96548
2008-2011: US Army 1017 NE 24th Court, Ankeny, IA 50021
2011- Present: 3150 NW 82nd Avenue, Ankeny, IA 50023

Richardt T. Schappert, Vice President and Spouse: N/A
2003-2015: 1950 Copper Wynd Court, Pleasant Hill, IA 50327
2015- Present: 2911 – 152nd Court, Urbandale, IA 50323

Darryl F. Bacon, Vice President and Spouse: N/A
1996-2016: 1227 Lake Shore Drive, Altoona, IA 50009
2016- Present: 8717 SE 26th Avenue, Runnells, IA 50237

Cindi W. Summers, Vice President and Spouse: Alan Summers
2004-2015: 2306 NW Park Meadows, Ankeny, IA 50023
2015- Present: 12082 NE 66th Street, Bondurant, IA 50035

Julia L. Jackowski, Secretary and Spouse: Thomas Jackowski
1999- Present: 9813 Iltis Drive, Urbandale, IA 50322

William J. Walljasper, Treasurer and Spouse: Laura Ann Walljasper
2004- Present: 2112 SW Woodside Court, Ankeny, IA 50023

Douglas M. Beech, Assistant Secretary and Spouse: Nanette Beech
2007-Present: 729 NE Brook Haven Drive, Ankeny, IA 50021

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.

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.

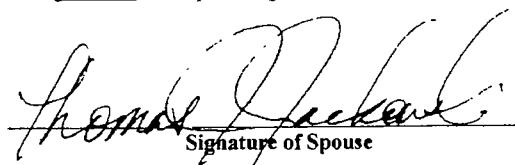
Applicant Notification and Record Challenge: Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.

Must be signed in the presence of a notary public by applicant(s) and spouse(s) See guideline for required signatures


Signature of Applicant

JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S
RETAIL COMPANY

Print Name


Signature of Spouse

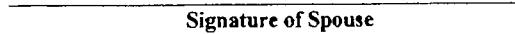
THOMAS JACKOWSKI, NON-PARTICIPATING
SPOUSE OF JULIA JACKOWSKI

Print Name


Signature of Applicant

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

Print Name


Signature of Spouse

N/A

Print Name

ACKNOWLEDGEMENT

State of IOWA

County of POLK

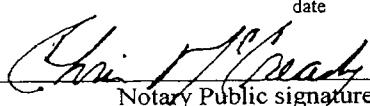
SEPTEMBER 25TH, 2018

by

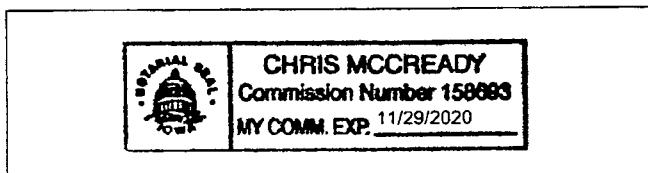
The foregoing instrument was acknowledged before me this

JULIA JACKOWSKI, THOMAS JACKOWSKI, RICHARDT SCHAPPERT

name of person(s) acknowledged (individual(s) signing)


Notary Public signature

date



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.

**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.nebraska.gov

Office Use

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. See Form 147 for further information, this form MUST be included with your application.
- 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

CT CORPORATION

Name of Registered Agent: _____

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

CASEY'S RETAIL COMPANY

Corporation Address: PO BOX 3001, ONE SE CONVENIENCE BLVD

City: ANKENY State: IOWA 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: SOUPENE First Name: JOHN MI: C.

Home Address: 3150 NW 82ND AVENUE City: ANKENY

State: IOWA Zip Code: 50023 Home Phone Number: _____


Signature of President/CEO JOHN C. SOUPENE, PRESIDENT FOR CASEY'S RETAIL COMPANY

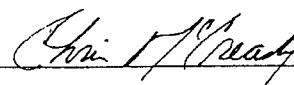
ACKNOWLEDGEMENT

State of IOWA
County of POLK

The foregoing instrument was acknowledged before me this

SEPTEMBER 25, 2018 by JOHN C. SOUPENE, PRESIDENT FOR CASEY'S RETAIL COMPANY

Date



name of person acknowledge

Affix Seal	CHRIS MCCREADY Commission Number 158693 MY COMM. EXP. 11-29-2020	
------------	--	--

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

Last Name: SOUPENE First Name: JOHN MI: C.

Social Security Number: _____ Date of Birth: _____

Title: PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): AMY BETH SOUPENE, NON PARTICIPATING SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

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: BACON First Name: DARRYL MI: F.

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: SUMMERS First Name: CINDI MI: W.

Social Security Number: _____ Date of Birth: _____

Title: VICE-PRESIDENT Number of Shares 0

Spouse Full Name (indicate N/A if single): ALAN SUMMERS, NON PARTICIPATING SPOUSE

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)

Last Name: JACKOWSKI First Name: JULIA MI: L

Social Security Number: _____ Date of Birth: _____

Title: SECRETARY Number of Shares 0

Spouse Full Name (indicate N/A if single): THOMAS JAMES JACKOWSKI, NON PARTICIPATING SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: BEECH First Name: DOUGLAS MI: M

Social Security Number: _____ Date of Birth: _____

Title: ASST. SECRETARY Number of Shares 0

Spouse Full Name (indicate N/A if single): NANETTE JOELL BEECH, NON PARTICIPATING SPOUSE

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: WALLJASPER First Name: WILLIAM MI: J.

Social Security Number: _____ Date of Birth: _____

Title: TREASURER Number of Shares 0

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

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: _____

Is the applying corporation controlled by another corporation/company?

YES

NO

If yes, complete controlling corporation insert form 185

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 #:

**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.nebraska.gov

Office Use

MUST BE:

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration card or print out document from Secretary of State website
- ✓ Fingerprinted. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application
- ✓ 21 years of age or older

Corporation/LLC information

Name of Corporation/LLC: CASEY'S RETAIL COMPANY

Premises information

Liquor License Number: 080181 Class Type B (if new application leave blank)

Premises Trade Name/DBA: CASEY'S GENERAL STORE #2454

Premises Street Address: 9542 GILES RD

City: LA VISTA County: SARP Zip Code: 68128

Premises Phone Number: 402-592-6502

Premises Email address: mikael.lage@caseys.com

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. To see authorized officers or members search your license information here.


JULIA L. JACKOWSKI, SECRETARY FOR CASEY'S RETAIL COMPANY
SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

Last Name: KRINGS First Name: TINA MI: ^M _____

Home Address: 1212 BLUE STEM CIRCLE

City: NORFOLK County: MADISON Zip Code: 68701

Home Phone Number: _____

Driver's License Number & State: _____

Social Security Number: _____

Date Of Birth: _____ Place Of Birth: _____

Email address: tina.krings@caseys.com

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: _____

Driver's 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			

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, include traffic violations. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

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				

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(s):

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

Store	Store Name	Manager	PermitNo.	Store	Store Name	Manager	PermitNo.	Store	Store Name	Manager	PermitNo.
0065 BEATRICE #2	B10710	Tina Krings	D110716	2712 SUPERIOR	Tina Krings	3085 AURORA #2	D107248	Tina Krings		Tina Krings	
1160 PLAINVIEW	D54892	Tina Krings	D107245	2714 WAVERLY #2	Tina Krings	3089 COLUMBUS #5	B98247	Tina Krings		Tina Krings	
1173 HARTINGTON	B26281	Tina Krings	B71286	2716 SCHUYLER #2	Tina Krings	3206 VALLEY #2	D101668	Tina Krings		Tina Krings	
1177 COLUMBUS #1	B12765	Tina Krings	B71401	2717 KEARNEY #4	Tina Krings	3270 PIERCE	D105091	Tina Krings		Tina Krings	
1181 WEST POINT #1	D122135	Tina Krings	071354	2718 WILBER	Tina Krings	3298 KEARNEY #6	D106697	Tina Krings		Tina Krings	
1181 WEST POINT #1	D122135	Tina Krings	B71290	2719 HASTINGS #2	Tina Krings	3334 OMAHA #5	D109282	Tina Krings		Tina Krings	
1182 PLATTSMOOTH #1	B12781	Tina Krings	B71213	2720 LINCOLN #6	Tina Krings	3344 BLAIR #2	D108538	Tina Krings		Tina Krings	
1193 FAIRBURY	B67355	Tina Krings	D107246	2721 LINCOLN #7	Tina Krings	3444 OMAHA #6	D112148	Tina Krings		Tina Krings	
1565 WYMORE	B20970	Tina Krings	B71356	2722 S SIOUX CITY	Tina Krings	3465 GIBBON	D115424	Tina Krings		Tina Krings	
1575 CRETTE #1	B76412	Tina Krings	B71351	2724 LINCOLN #9	Tina Krings	3515 LINCOLN #30	D118837	Tina Krings		Tina Krings	
1576 HEBRON	B20969	Tina Krings	B71405	2725 EAGLE #1	Tina Krings	3526 ST PAUL	D119770	Tina Krings		Tina Krings	
1579 PAWNEE CITY	B20974	Tina Krings	B71288	2729 LINCOLN #11	Tina Krings	3529 PLATTSMOOTH #2	D119777	Tina Krings		Tina Krings	
1583 RED CLOUD	B24068	Tina Krings	B72991	2730 SEWARD #2	Tina Krings	3577 OGALLALA	D121550	Tina Krings		Tina Krings	
1595 FRANKLIN	B22070	Tina Krings	B71404	2732 GRAND ISLAND #4	Tina Krings						
1600 PERU	B21008	Tina Krings	B71247	2733 STROMSBURG	Tina Krings						
1603 EXETER	D111579	Tina Krings	D10717	2734 COZAD	Tina Krings						
1606 HOLDREGE #1	B26282	Tina Krings	D121563	2735 SYRACUSE	Tina Krings						
1622 MILFORD	D111580	Tina Krings	B71284	2736 ASHLAND	Tina Krings						
1650 YORK #1	D107241	Tina Krings	B76265	2737 GRAND ISLAND #5	Tina Krings						
1717 GENEVA	B54883	Tina Krings	B71353	2738 WAYNE	Tina Krings						
1737 FREMONT #1	B27721	Tina Krings	B71378	2740 OSCEOLA	Tina Krings						
1743 ORD	B67351	Tina Krings	B71396	2742 GRAND ISLAND #6	Tina Krings						
1744 BEATRICE #3	B29127	Tina Krings	B71398	2743 PALMYRA	Tina Krings	D111581					
1752 AUBURN	B28763	Tina Krings	B82398	2744 LINCOLN #12	Tina Krings						
1768 GRAND ISLAND #1	B29484	Tina Krings	B71289	2745 LINCOLN #13	Tina Krings						
1780 HASTINGS #1	B30540	Tina Krings	028747	2750 TECUMSEH #2	Tina Krings						
1784 BEATRICE #4	B29126	Tina Krings	B77726	2752 HASTINGS #3	Tina Krings						
1790 FALLS CITY	B67356	Tina Krings	D86826	2853 SPRINGFIELD	Tina Krings						
1800 HOLDREGE #2	B31240	Tina Krings	B111570	2881 COLUMBUS #4	Tina Krings						
1801 MINDEN	B67357	Tina Krings	B86850	2882 GRAND ISLAND #7	Tina Krings						
1804 CENTRAL CITY #1	B31470	Tina Krings	B86849	2883 GRAND ISLAND #8	Tina Krings						
1812 BLAIR #1	B32442	Tina Krings	B86848	2884 KEARNEY #5	Tina Krings						
1817 NEBRASKA CITY	B31425	Tina Krings	B86847	2885 NORFOLK #3	Tina Krings						
1934 LINCOLN #1	B36334	Tina Krings	D121858	2886 OMAHA #1	Tina Krings						
1934 MCCOOK #1	B36976	Tina Krings	B86846	2886 OMAHA #1	Tina Krings						
1935 COLUMBUS #3	B12766	Tina Krings	B86905	2903 GRAND ISLAND #9	Tina Krings						
2015 YORK #2	D107242	Tina Krings	D92584	2966 BELLEVUE	Tina Krings						
2030 FREMONT #2	D107243	Tina Krings	D92583	2967 BENNET	Tina Krings						
2238 ARLINGTON	B67349	Tina Krings	D92856	2968 EAGLE #2	Tina Krings						
2291 MCCOOK #2	D50367	Tina Krings	D92585	2969 FAIRMONT	Tina Krings						
2370 NORFOLK #1	B52345	Tina Krings	D92578	2970 LINCOLN #16	Tina Krings						
2414 STANTON #2	B012610	Tina Krings	D92587	2973 LINCOLN #19	Tina Krings						
2441 PAPILLION	B55223	Tina Krings	D92581	2977 LINCOLN #23	Tina Krings						
2454 LAVISTA	B80181	Tina Krings	D92572	2978 LINCOLN #24	Tina Krings						
2675 NORTH BEND	B78600	Tina Krings	D92571	2979 LINCOLN #25	Tina Krings						
2700 WAHOO	107244	Tina Krings	D92573	2980 LINCOLN #26	Tina Krings						
2702 BEATRICE #5	B71285	Tina Krings	D92574	2981 LINCOLN #27	Tina Krings						
2707 GRAND ISLAND #2	B76264	Tina Krings	D92576	2982 LINCOLN #28	Tina Krings						
2709 CAMBRIDGE	B71399	Tina Krings	D92575	2983 LINCOLN #29	Tina Krings						
2710 NORFOLK #2	B71397	Tina Krings	B92580	2984 MCCOOK #3	Tina Krings						
2711 KEARNEY #3	B76263	Tina Krings	D92579	2985 OMAHA #2	Tina Krings						

4. List the alcohol related training and/or experience (when and where) of the person making application.

*NLCC Training Certificate Issued: _____ Name on Certificate: _____

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
TINA KRINGS	04/14/16-04/14/2019	RESPONSIBLE HOSPITALITY COUNCIL MANAGEMENT TRAINING

*For list of NLCC Certified Training Programs see [training](#)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:

5. Have you enclosed form 1-1 regarding fingerprints?

YES NO

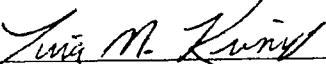
PERSONAL OATH AND CONSENT OF INVESTIGATION

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.

***Applicant Notification and Record Challenge:** Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in FBI identification record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*


Signature of Manager Applicant

Signature of Spouse

ACKNOWLEDGEMENT

State of IOWA
County of POLK

The foregoing instrument was acknowledged before me this

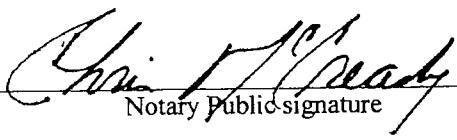
SEPTEMBER 25, 2018

date

TINA M. KRINGS

by

NAME OF PERSON BEING ACKNOWLEDGED


Notary Public signature

Affix Seal



CHRIS MCCREADY
Commission Number 158693
MY COMM. EXP. 11/29/2020

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.

CERTIFICATE OF COMPLETION RESPONSIBLE HOSPITALITY COUNCIL MANAGEMENT TRAINING

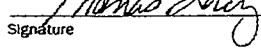
This certificate is awarded to

Tina Krings

For completing the Hospitality Insighter Training and Lincoln Server/Seller Permit
May 29, 2013

RESPONSIBLE HOSPITALITY COUNCIL

Signature



Thomas Drey

Signature

5-9-13

Date

5/9/13

Date



RESPONSIBLE HOSPITALITY COUNCIL