

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 BUCKY'S LLC DBA BUCKY'S EXPRESS 73, 7203 HARRISON STREET, LA VISTA, NEBRASKA.

WHEREAS, Bucky's LLC dba Bucky's Express 73, 7203 Harrison Street, 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 Bucky's LLC dba Bucky's Express 73, 7203 Harrison Street, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 19TH DAY OF JANUARY 2021.

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: Chief Robert S. Lausten

DATE: January 8, 2021

RE: LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER
BUCKY'S EXPRESS 73

CC:

The police department conducted a check of computerized records for criminal conduct regarding the applicants for the Liquor License and Manager application. The applicants and Manager applicant (Tine Stone) have no record in Sarpy County.

As with all Nebraska Retail Liquor Licenses, I am asking that the applicant strictly conform to Nebraska Liquor Control Commission rules and regulations under (Sec 53-131.01) Nebraska Liquor Control Act.

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/

RECEIVED
DEC 21 2000
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 Adena Santiago

Phone number: 202-655-1764

Firm Name Husch Blackwell LLP

PREMISES INFORMATIONTrade Name (doing business as) Bucky's Express 73Street Address #1 7203 Harrison Street St

Street Address #2 _____

City La Vista County Sarpy 59 Zip Code 68128 2901Premises Telephone number 402-592-4920Business e-mail address mikael.lage@caseys.comIs this location inside the city/village corporate limits: YES X NO _____

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

Name Mikael LageStreet Address #1 11 SE Convenience Blvd.

Street Address #2 _____

City Ankeny State Iowa Zip Code 50021 9437**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 37 x width 116 in feetIs there a basement? Yes _____ No x _____ If yes, length _____ x width _____ in feetIs there an outdoor area? Yes _____ No x _____ 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.

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
Tina M. Stone	1990s	Madison County, NE	Speeding Ticket	

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

YES NO

If yes, give name of business and liquor license number Buck's Inc. - 056407

- 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 Buck's Inc. - 056407

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.

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

YES 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 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 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 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 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.

Please see attached rider.

Buck's LLC

Rider to Application for Nebraska Retail Liquor License
Question 11

Buck's LLC is owned by Casey's Retail Company, which is in turn a wholly owned subsidiary of Casey's General Stores, Inc., a publicly traded company which is listed on the Nasdaq ("CASY"). CASY through its wholly owned subsidiaries owns and/or operates numerous convenience stores across the United States, some of which serve and/or sell alcoholic beverages pursuant to retail licenses held by CASY and its subsidiaries. The officers, directors and managing owner have a past or present interest in those licenses. Their affiliation with the alcohol beverage licenses is solely in the capacity as a corporate official as described above.

In the past, some license applications have been denied due to unavailability or premises proximity to a church or school. None of the alcoholic beverage licenses described above have ever been revoked or cancelled, but some of the licenses have been voluntarily surrendered as a result of sale or closure of a licensed business. From time to time, some of the licensed locations have been the subject of alcoholic beverage regulatory inquiry leading to offers in compromise or, in some cases, a brief suspension.

BUCKY'S LICENSE RIDER

NAME	ADDRESS	License number
Nebraska		
Buck's LLC	10202 Maple St	Omaha, NE 68134 70766
Buck's LLC	2675 S 13th St	Omaha, NE 68108 53987
Buck's LLC	11400 S 72nd St	Papillion NE 68046 120717
Buck's LLC	4865 S 108th St	Omaha, NE 68127 72419
Buck's LLC	2510 S 132nd St	Omaha, NE 68144 69818
Buck's LLC	20402 Veterans Drive	Elkhorn, NE 68022 116288
Buck's LLC	2223 So. 24th St.	Omaha, NE 68108 28729
Buck's LLC	101 No. 30th St.	Omaha, NE 68131 65591
Buck's LLC	3909 No. 132nd St.	Omaha, NE 68164 47245
Buck's LLC	3003 Samson Way	Bellevue, NE 68123 84429
Buck's LLC	13736 Q St.	Omaha, NE 103283
Buck's LLC	107 So. 40th St.	Omaha, NE 68131 38127
Buck's LLC	3435 S 42nd St.	Omaha, NE 68105 65590
Buck's LLC	9405 So 144th St.	Omaha, NE 68138 96741
Buck's LLC	5718 NW Radial HWY	Omaha, NE 68104 112118
Buck's LLC	6003 Center St	Omaha, NE 68106 72420
Buck's LLC	2605 S 160th St	Omaha, NE 68130 74630
Buck's LLC	3529 S 72nd St	Omaha, NE 68124 114797
Buck's LLC	2901 No 72nd St	Omaha, NE 68134 49118
Buck's LLC	7203 Harrison St	LaVista NE 68128 56407
Buck's LLC	7660 Dodge St	Omaha, NE 68114 115382
Buck's LLC	3052 S. 84th St	Omaha, NE 68124 84428
Buck's LLC	9645 Ida St	Omaha, NE 68122 94806
Buck's LLC	4414 No 30th St	Omaha, NE 68111 97146
Iowa		
Buck's LLC	15 No 16th St	Council Bluffs, IA 51501 LE0001921
Buck's LLC	1759 Madison Ave	Council Bluffs, IA 51503 LE0001922
Buck's LLC	1839 Madison Ave	Council Bluffs, IA 51501 LE0002621
Buck's LLC	3434 Nebraska Ave	Council Bluffs, IA 51501 LE0001922
Buck's LLC	2713 S 24th St	Council Bluffs, IA 51501 LE0001920
Buck's LLC	3501 W Broadway	Council Bluffs, IA 51501 LE0001919
Missouri		
Buck's LLC	9791 Page Ave	St. Louis MO, 63132 178381
Buck's LLC	4504 Lindbergh Blvd	Sunset Hills MO, 63127 213016
Buck's LLC	4215 So Hwy 169	St. Joseph MO, 64503 252041
		252042 (Sunday)
Texas		
Buck's LLC	1300 Nasa Rd 1	Nassau Bay, TX 77058 BQ 966563
Buck's LLC	3535 Hwy 6 So	Houston TX 77082 BQ 984563
Buck's LLC	1150 W Sam Houston pkw N	Houston TX 77043 BQ 984593
Buck's LLC	10231 Clay Rd	Houston TX 77043 BQ 1054762

Illinois			
Buck's LLC	10 W Dundee Rd	Buffalo Grove IL, 60089	1A-1125572
Buck's LLC	1700 W Algonquin Rd	Hoffman Estates IL 60192	1A-1132475
Buck's LLC	1251 McHenry Road	Buffalo Grove IL, 60189	1A-1123550
Buck's LLC	1000 Sheridan Rd	Highwood, IL 60040	1A-0107873
Buck's LLC	650 S Rand Rd	Lake Zurich, IL 60047	1A-0104373
Buck's LLC	294 E Townline RD	Vernon Hills, IL 60061	1A-1122083
Buck's LLC	101 Pyott Rd	Lake in The Hills IL, 60102	1A-0097191
Buck's LLC	1901 Richmond	McHenry IL, 60102	1A-0103431
Buck's LLC	21W215 North Ave	Lombard IL, 60148	1Z-1141405
Buck's LLC	1 W Golf Rd	Hoffman Estates IL 60169	1A-1133139
Buck's LLC	615 W Higgins Rd	Hoffman Estates IL 60169	1A-1133141
Buck's LLC	1795 W Lake St	Addison IL 60101	1A-1137718
Buck's LLC	870 W Army Trail Rd	Carol Stream IL 60188	1A-1140773
Buck's LLC	1400 N Arlington Heights Rd	Itasca, IL 60143	1A-1129986
Buck's LLC	1000 E Roosevelt Rd	Wheaton, IL 60187	1A-1133930
Buck's LLC	2074 W Main St	Batavia, IL 60510	1A-1136727
Buck's LLC	6551 Route 34	Oswego IL, 60543	1A-0097418
Buck's LLC	1095 Pyott Rd	Crystal Lake, IL 60014	1A-1133551
Buck's LLC	602 E North Ave	Glendale Height, IL 60139	1A-1128665
Buck's LLC	1125 E Roosevelt Rd	Lombard IL, 60148	1A-1143913

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 M. Stone	04/2019	Hospitality Insighter Training and Lincoln Server/Seller Permit

List of NLCC certified training programs

Experience:

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

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 _____
 Deed
 Purchase Agreement

14. When do you intend to open for business? Business is open. Acquisition of stock is set to occur on or about December 28, 2020. See attached rider.

15. What will be the main nature of business? Convenience store

16. What are the anticipated hours of operation? 24 hours a day, 7 days a week

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		SPOUSE: CITY & STATE	YEAR	
	FROM	TO		FROM	TO
Norfolk, NE	2010	2014	Norfolk, NE	2010	2014
Stanton, NE	2014	2016	Stanton, NE	2014	2016
Norfolk, NE	2016	2020	Norfolk, NE	2016	2020

If necessary attach a separate sheet.

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

Buck's LLC



Signature of Applicant

Signature of Spouse

By: Julia L. Jackowski, Secretary

Print Name

Print Name

Signature of Applicant

Signature of Spouse

Print Name

Print Name

ACKNOWLEDGEMENT

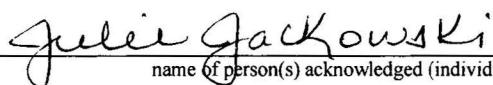
State of Nebraska DOUG

County of Polk

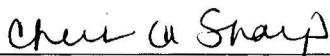
15th day of Dec 2020 by

date

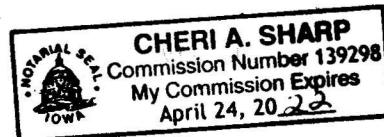
The foregoing instrument was acknowledged before me this



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



Notary Public signature



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
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b**

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	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints. See Form 147 for further information, this form **MUST** be included with your application.
- 3) Managing/Contact member and all members 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 Organization (must show electronic stamp or barcode receipt by Secretary of States office)

Name of Registered Agent: **CT Corporation System**

Name of Limited Liability Company that will hold license as listed on the Articles of Organization

Buck's LLC (formerly Buck's Inc.)

c/o Casey's General Store, 1 SE Convenience Blvd.

City: **Ankeny** State: **Iowa** Zip Code: **50021**

LLC Phone Number: **515-965-6100** LLC Fax Number

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: **Jackowski** First Name: **Julia** MI: **L**

Home Address: 9813 Iltis Dr.

First Name: Julia

MI-L

Home Address: **9813 Iltis Dr.** City: **Urbandale**

State: **Iowa** Zip Code: **50322**

Home Phone Number:

515-446-6579

State of Nebraska TOWNSHIP
County of YORK

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

15th day of Dec 2020
Date

by Julie Jachowski
name of person acknowledge

(You a Star)

Affix Seal	 <p>CHERI A. SHARP Commission Number 139298 My Commission Expires April 24, 2012</p>
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List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Casey's Retail Company First Name: _____ MI: _____

Social Security Number: N/A Date of Birth: N/A

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 100%

Last Name: Jackowski First Name: Julia MI: L

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership N/A

Last Name: Bramlage, Jr. First Name: Stephen MI: P

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership N/A

Last Name: Pistillo First Name: James MI: R

Social Security Number: _____ Date of Birth: _____

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

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership N/A

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Beech First Name: Douglas MI: M
Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Spouse Full Name (indicate N/A if single): Nanette J Beech
Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]
Percentage of member ownership N/A

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____
Social Security Number: _____ Date of Birth: _____
Spouse Full Name (indicate N/A if single): _____
Spouse Social Security Number: _____ Date of Birth: _____
Percentage of member ownership _____

Is the applying Limited Liability Company controlled by another corporation/company?

YES

NO

If yes, provide the following:

1) Name of corporation Casey's Retail Company
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 company's tax year with the IRS (Example January through December)

Starting Date: January

Ending Date: December

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.