

**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 FOR CASEY'S RETAIL COMPANY DBA CASEY'S, 7203 HARRISON STREET, LA VISTA, NEBRASKA.

WHEREAS, Casey's Retail Company dba Casey's, 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 Casey's Retail Company dba Casey's, 7203 Harrison Street, La Vista, Sarpy County, Nebraska.

PASSED AND APPROVED THIS 6TH DAY OF SEPTEMBER 2022.

CITY OF LA VISTA

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Douglas Kindig, Mayor

ATTEST:

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Pamela A. Buethe, MMC  
City Clerk



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

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**TO:** Pam Buethe, City Clerk

**FROM:** Chief Robert S. Lausten

**DATE:** August 23, 2022

**RE:** LOCAL BACKGROUND- LIQUOR LICENSE- MANAGER  
CASEY'S

**CC:**

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The police department conducted a check of computerized records for criminal conduct regarding the applicant for the Class D Liquor License and Manager application. The Manager applicant (Krystal Carter) has 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 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  
EMAIL: [lcc.frontdesk@nebraska.gov](mailto:lcc.frontdesk@nebraska.gov)  
WEBSITE: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

License Class:	<u>D</u>
License Number:	<b>125162</b>



Office Use Only

NEW / REPLACING 124063

TOP Yes No

Hot List Yes No

Initial: HY

## PLEASE READ CAREFULLY

See directions on the next page. 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.

APPLICANT NAME CASEY'S RETAIL COMPANY

TRADE (DBA) NAME CASEY'S #6173

PREVIOUS TRADE (DBA) NAME \_\_\_\_\_

CONTACT NAME AND PHONE NUMBER MORGAN WIERSCHKE - LEGAL, LICENSING SPECIALIST, PHONE: 515-446-6035

CONTACT EMAIL ADDRESS MORGAN.WIERSCHKE@CASEYS.COM

No fee subm. Htd

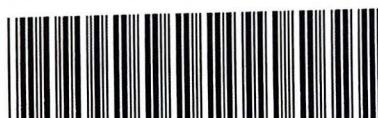
Office use only

PAYMENT TYPE Pay Port

AMOUNT \$400.00 RCPT \_\_\_\_\_

RECEIVED: 8-8-22

DATE DEPOSITED



2200008507

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

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

**CLASS C LICENSE TERM IS FROM NOVEMBER 1 – OCTOBER 31**

**ALL OTHER CLASSES TERM IS MAY 1 – APRIL 30**

A BEER, ON SALE ONLY

B BEER, OFF SALE ONLY\*\*

C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE\*\*

Do you intend to sale cocktails to go as allowed under Neb Rev. Statute 53-123.04(4) YES  NO

D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY\*\*

F BOTTLE CLUB,

I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY

Do you intend to sale cocktails to go as allowed under Neb Rev. Statute 53-123.04(5) YES  NO

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 endorsement (Submit Form 106) – Catering license (K) expires same as underlying retail license

Class G Growler endorsement (Submit Form 165) – Class C licenses only

\*\*Class B, Class C, Class D license do you intend to allow drive through services under Neb Rev. Statute 53-178.01(2) YES  NO

**ADDITIONAL FEES WILL BE ASSESSED AT THE CITY/VILLAGE OR COUNTY LEVEL WHEN THE  
LICENSE IS ISSUED**

**CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING**

Individual License (requires insert FORM 104)

Partnership License (requires insert FORM 105)

Corporate License (requires FORM 101 & FORM 103)

Limited Liability Company (LLC) (requires FORM 102 & FORM 103)

**NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Firm Name \_\_\_\_\_

Email address \_\_\_\_\_

Should we contact you with any questions on the application? YES \_\_\_\_\_ NO \_\_\_\_\_

**PREMISES INFORMATION**Trade Name (doing business as) CASEY'S #6173Street Address 7203 HARRISON STCity LA VISTACounty SARPY 59Zip Code 68128-2901Premises Telephone number 402-592-4920Business e-mail address MORGAN.WIERSCHKE@CASEYS.COM

Is this location inside the city/village corporate limits

YES NO **MAILING ADDRESS (where you want to receive mail from the Commission)**

Check if same as premises

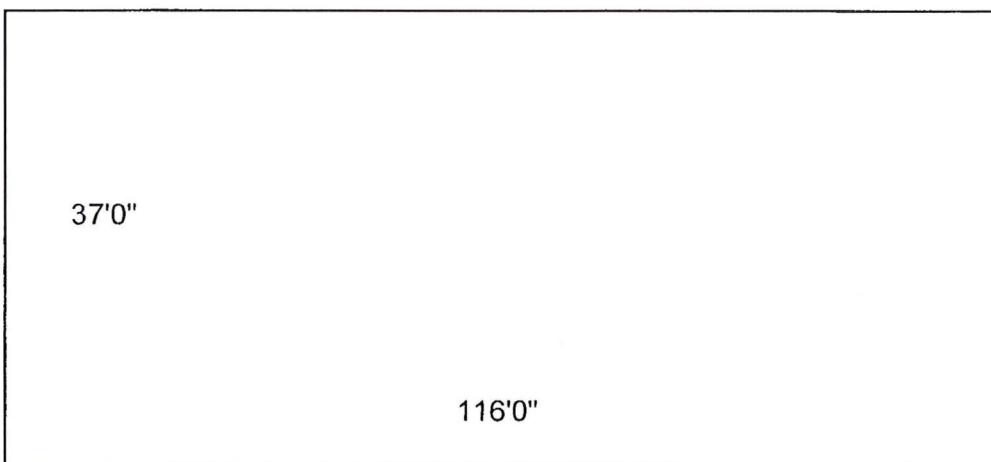
Name CASEY'S RETAIL COMPANY, ATTN: MORGAN WIERSCHKEStreet Address ONE SE CONVENIENCE BLVD, P.O. BOX 3001City ANKENYState IAZip Code 50021-9672**DESCRIPTION AND DIAGRAM OF THE AREA TO BE LICENSED**

IN THE SPACE PROVIDED BELOW OR ATTACH A DRAWING OF THE AREA TO BE LICENSED.

DO NOT SEND BLUEPRINTS, ARCHITECH OR CONSTRUCTION DRAWINGS

PROVIDE LENGTH X WIDTH IN FEET (NOT SQUARE FOOTAGE)

INDICATE THE DIRECTION OF NORTH

Building length 37'0" x width 116'0" in feetIs there a basement? Yes        No  If yes, length        x width        in feetIs there an outdoor area? Yes        No  If yes, length        x width        in feetNumber of floors of the building 1**PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET**

314

1141

0173

## 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 ATTACHED SPREADSHEET				

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

YES \_\_\_\_\_ NO

If yes, provide business name and license number D-124063

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

YES \_\_\_\_\_ NO  
If yes, give name of business and liquor license number BUCKS, LLC DBA CASEY'S #6173, D-124063

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)
  - a) Submit a copy of the business purchase 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 \_\_\_\_\_

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) N/A

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)

N/A

**No silent partners** 019.01E Silent Partners; Profit Sharing: No licensee or partner, principal, agent or employee of any Retail Liquor License shall permit any other person not licensed or included as a partner, principal, or stockholder of any Retail Liquor License to participate in the sharing of profits or liabilities arising from any Retail Liquor License. (53-1,100)

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. N/A

8. Is premises to be licensed within 150 feet of a church, school, hospital, home for 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 (Nebraska Revised Statute 53-177(1) **AND PROVIDE FORM 134 – CHURCH OR FORM 135 – CAMPUS AND LETTER OF SUPPORT FROM CHURCH OR CAMPUS**

N/A

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties. (Nebraska Revised Statute 53-125(15))

YES  NO

N/A

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business.

a) **List the individual(s) who are authorized to write checks and/or withdrawals on accounts at this institution.**

UMB BANK- P.O. BOX 419226, KANSAS CITY, MO 64141 - CASEY'S CORPORATE ACCOUNTING 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: AR, IA, IL, IN, KS, KY, MI, MN, MO, ND, NE, OH, OK, SD, TN, TX, WI.

**PLEASE SEE ATTACHED LIST.**

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)
KRYSTAL CARTER	06/22/2024	RESPONSIBLE HOSPITALITY COUNCIL

Experience

Applicant Name/Job Title	Date of Employment	Name & Location of Business
KRYSTAL CARTER, REGION DIRECTOR 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 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 be in the name of applicant as owner or lessee**

Lease expiration date \_\_\_\_\_  
 Deed  
 Purchase Agreement

14. When do you intend to open for business? 09/01/2022

15. What will be the main nature of business? CONVENIENCE STORE WITH CARRY OUT FOOD AND BEVERAGE

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

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 CITY & STATE	YEAR FROM	TO	SPOUSE CITY & STATE	YEAR FROM	TO
PLEASE SEE THE ATTACHED LIST					

If necessary, attach a separate sheet

# **CERTIFICATE OF COMPLETION**

## **RESPONSIBLE HOSPITALITY COUNCIL**

### **MANAGEMENT TRAINING**

This certificate is awarded to

## **Krystal Carter**

For completing the Hospitality Insighter Training and Lincoln Server/Seller Permit  
Training Date September 9th, 2021, Expires September 9th, 2024

**RESPONSIBLE HOSPITALITY COUNCIL**

*Tom Lorenz*

*September 9, 2021*

*Conan Shafer* *September 9, 2021*



RESPONSIBLE HOSPITALITY COUNCIL

**PERSONAL OATH AND CONSENT OF INVESTIGATION****SIGNATURE PAGE –****PLEASE READ CAREFULLY**

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 by all applicant(s) and spouse(s) owning more than 25% in the presence of a notary public  
(YOU MAY NEED TO PRINT MULTIPLE SIGNATURE PAGES)**



Signature of **APPLICANT**

(Do not sign until in the presence of the Notary Public)

FOR CASEY'S RETAIL COMPANY, BY STEPHEN P. BRAMLAGE JR., PRESIDENT

Printed Name of **APPLICANT**

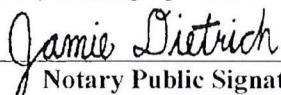
State of Iowa, County of Polk

The foregoing instrument was acknowledged before me this  
**08/03/2022**

(Date)

By **STEPHEN P. BRAMLAGE JR.**

Name of person(s) signing document in front of Notary

  
Notary Public Signature

**JAMIE DIETRICH**  
Commission Number **820699**  
My Commission Exp. **10/15/2022**

Signature of **SPOUSE**

(Do not sign until in the presence of the Notary Public)

**N/A**

Printed Name of **SPOUSE**

State of Nebraska, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this

(Date)

By \_\_\_\_\_

Name of person(s) signing document in front of Notary

Notary Public Signature

A. T. Dietrich

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

Office Use

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AUG 08 2022

**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. 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**

Name of Registered Agent: **CT CORPORATION**

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

**CASEY'S RETAIL COMPANY**

Corporation Address: **ONE SE CONVENIENCE BLVD, P.O. Box 3001**

City: **ANKENY** State: **IA** Zip Code: **50021 - 9672**

Corporation Phone Number: **515-446-6035** Fax Number **515-446-6303**

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: **BRAMLAGE** First Name: **STEPHEN** MI: **P**

Home Address: **1613 NW SEASONS DRIVE** City: **ANKENY**

State: **IA** Zip Code: **50023 - 9351** Home Phone Number: **515-381-5705**

FOR CASEY'S RETAIL COMPANY  
BY STEPHEN P. BRAMLAGE, PRESIDENT

**Signature of President/CEO**

**ACKNOWLEDGEMENT**

State of Iowa  
County of Polk

The foregoing instrument was acknowledged before me this

**AUGUST 3, 2022**

by **STEPHEN P. BRAMLAGE, PRESIDENT**

Date

*Jamie Dietrich*

name of person acknowledge

Affix Seal	 NOTARIAL SEAL IOWA	JAMIE DIETRICH Commission Number 820699 My Commission Exp. 10/15/2022	
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List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: **BRAMLAGE**

First Name: **STEPHEN** MI: **P**

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Title: **PRESIDENT**

Number of Shares **0**

Spouse Full Name (indicate N/A if single): **MEGHAN ALLISON BRAMLAGE, NON PARTICIPATING SPOUSE**

Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Last Name: **ROSS**

First Name: **KORY** MI: **R**

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Title: **VICE PRESIDENT**

Number of Shares **0**

Spouse Full Name (indicate N/A if single): **KERI ANN ROSS, NON PARTICIPATING SPOUSE**

Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Last Name: **FABER**

First Name: **SCOTT** MI: **A**

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Title: **SECRETARY**

Number of Shares **0**

Spouse Full Name (indicate N/A if single): **KARI ANN FABER, NON PARTICIPATING SPOUSE**

Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Last Name: **BEECH**

First Name: **DOUGLAS** MI: **M**

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Title: **ASSISTANT SECRETARY**

Number of Shares **0**

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

Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]

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

Last Name: **LARSEN** First Name: **ERIC** MI: **M**

Social Security Number: [REDACTED] Date of Birth: [REDACTED]

Title: **TREASURER** Number of Shares: **0**

Spouse Full Name (indicate N/A if single): **ANGELA DAWN LARSEN, NON PARTICIPATING SPOUSE**

Spouse Social Security Number: [REDACTED] Date of Birth: [REDACTED]

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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: \_\_\_\_\_

---

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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 # \_\_\_\_\_

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.

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

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**AUG 08 2022**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent myself as the owner or in any way participate in the day to day operations of this business in any capacity. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

I acknowledge that I am the applicant of the non-participating spouse of the individual signing below. I understand that my spouse and I are responsible for compliance with the conditions set out above. If, it is determined that my spouse has violated (§53-125(13)) the commission may cancel or revoke the liquor license.

  
Signature of **NON-PARTICIPATING SPOUSE**

MEGHAN A. BRAMLAGE

Print Name

State of **IOWA**, County of **POLK**

The foregoing instrument was acknowledged before me  
this **07/05/2022** (date)

MEGHAN A. BRAMLAGE  
by \_\_\_\_\_

Name of person acknowledged  
(Individual signing document)



Notary Public Signature



**JAMIE DIETRICH**  
Commission Number **820699**  
My Commission Exp. **10/15/2022**

  
Signature of **APPLICANT**

STEPHEN P. BRAMLAGE JR.

Print Name

State of **IOWA**, County of **POLK**

The foregoing instrument was acknowledged before me  
this **07/05/2022** (date)

STEPHEN P. BRAMLAGE JR.  
by \_\_\_\_\_

Name of person acknowledged  
(Individual signing document)



Notary Public Signature



**JAMIE DIETRICH**  
Commission Number **820699**  
My Commission Exp. **10/15/2022**

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

**CONTROLLING CORPORATION  
INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

Office Use

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**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**Attach copy of Articles as filed with the Nebraska Secretary of State - §53-126**

**Name and address of the controlling corporation of the applying corporation**

Controlling Corporation Name: **CASEY'S GENERAL STORES, INC.**

Controlling Corporation Address: **ONE SE CONVENIENCE BLVD, P.O. BOX 3001**

City: **ANKENY** State: **IA** Zip Code: **50021**

**Provide the names of the top four officer/members of the controlling corporation**

1. Full Name: **DARREN M. REBELEZ**

Job Title: **PRESIDENT & CEO**

2. Full Name: **DOUGLAS M. BEECH**

Job Title: **ASSISTANT SECRETARY, CASEY'S RETAIL COMPANY**

3. Full Name: **STEPHEN P. BRAMLAGE**

Job Title: **CHIEF FINANCIAL OFFICER & PRESIDENT FOR CASEY'S RETAIL COMPANY**

4. Full Name: **KORY R. ROSS**

Job Title: **VICE PRESIDENT FOR CASEY'S RETAIL COMPANY**

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

Office Use

**RECEIVED**

AUG 08 2022

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

**FORM MUST BE COMPLETELY FILLED OUT IN ORDER FOR APPLICATION TO BE  
PROCESSED**

**MANAGER MUST:**

- Complete all sections of the application. Be sure it is signed by a **member or corporate officer**, corporate officer or member must be an individual on file with the Liquor Control Commission
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: US birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the State of Nebraska, include a copy of voter card or print document from Secretary of State website with application

Spouse who **will not** participate in the business, **spouse must:**

- Complete the Spousal Affidavit of Non Participation Insert (must be notarized). The non-participating spouse completes the top half; the manager completes the bottom half. **Be sure to complete both halves of this form.**
- Need not answer question #1 of the application

Spouse who **will** participate in the business, the **spouse must:**

- Sign the application
- Fingerprints are required. See form 147 for further information, read form carefully to avoid delays in processing, this form **MUST** be included with your application.
- Provide a copy of one of the following: birth certificate, naturalization papers or current US passport (even if you have provided this before)
- Be a registered voter in the state of Nebraska, include a copy of voter card with application
- Spousal Affidavit of Non Participation Insert **not** required

BARCODE

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

Office Use

**MUST BE:**

- 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**

CASEY'S RETAIL COMPANY  
Name of Corporation/LLC: \_\_\_\_\_

---

**Premise information**

Liquor License Number: \_\_\_\_\_ Class Type \_\_\_\_\_ (if new application leave blank)

CASEY'S #6173  
Premise Trade Name/DBA: \_\_\_\_\_

7203 HARRISON ST  
Premise Street Address: \_\_\_\_\_

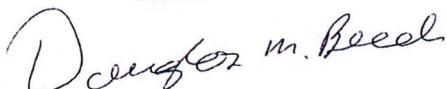
City: LA VISTA County: SARPY Zip Code: 68128

Premise Phone Number: 402-592-4920

Premise Email address: MORGAN.WIERSCHKE@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](#).**



FOR CASEY'S RETAIL COMPANY, BY DOUGLAS M. BEECH, ASSISTANT SECRETARY

**SIGNATURE REQUIRED BY CORPORATE OFFICER / MANAGING MEMBER**

(Faxed signatures are acceptable)

**Manager's information must be completed below PLEASE PRINT CLEARLY**

Last Name: CARTER First Name: KRYSTAL MI: M

Home Address: 1616 NW 54TH CT

City: LINCOLN County: LANCASTER Zip Code: 68528 - 2194

Home Phone Number: 515-782-2301

Driver's License Number & State: [REDACTED]

Social Security Number: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: LINCOLN, NE

Email address: KRYSTAL.CARTER@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: [REDACTED] First Name: [REDACTED] MI: [REDACTED]

Social Security Number: [REDACTED]

Driver's License Number & State: [REDACTED]

Date Of Birth: [REDACTED] Place Of Birth: [REDACTED]

**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
LINCOLN, NE	2018	2022			
PALMYRA, NE	2017	2018			
BENNET, NE	2011	2017			

**MANAGER'S LAST TWO EMPLOYERS**

YEAR FROM	TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
2009	2022	CASEY'S GENERAL STORES	DAVE JOHNSON	605-370-4654
2008	2009	PICTURE ME PORTRAITS	NO LONGER IN BUSINESS	N/A

**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
KRYSTAL CARTER	01/2021	LINCOLN, NE	SPD 11-15 MPH	PAID CITATION
KRYSTAL CARTER	UNKNOWN	LINCOLN, NE	FAILURE TO REGISTER VEHICLE	UNKNOWN
KRYSTAL CARTER	2002-2003	LINCOLN, NE	MINOR IN POSSESSION	UNKNOWN
KRYSTAL CARTER	2002-2003	LINCOLN, NE	FAILURE TO APPEAR	UNKNOWN
KRYSTAL CARTER	06/2021	LINCOLN, NE	OPERATING BOAT WITHOUT LIFE JACKET	PAID CITATION

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 - MULTIPLE NEBRASKA STORES - PLEASE SEE ATTACHED 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. List the alcohol related training and/or experience (when and where) of the person making application.

\*NLCC Training Certificate Issued: 06/22/2021 Name on Certificate: KRYSTAL MARIE CARTER

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
KRYSTAL MARIE CARTER	6/22/2021	RBST

\*For list of NLCC Certified Training Programs see training

**Experience:**

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
KRYSTAL CARTER, REGION DIRECTOR	August 2009	CASEY'S GENERAL STORES, NEBRASKA STORES

5. Have you enclosed form 147 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 853-131.01) 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



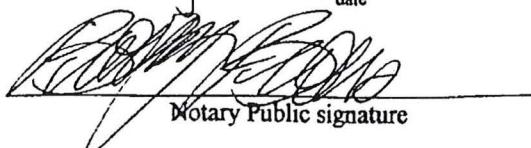
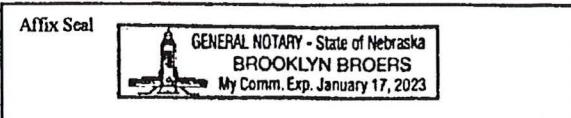
Signature of Spouse

### ACKNOWLEDGEMENT

State of Nebraska  
County of Lancaster The foregoing instrument was acknowledged before me this

24<sup>th</sup> day of JUNE, 2021 date

by Krystal M. Carter  
NAME OF PERSON BEING ACKNOWLEDGED

  
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.

**PRIVACY ACT STATEMENT/  
SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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](http://www.lcc.nebraska.gov)



**THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED:**  
**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- **FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE**
- Fee payment of \$45.25 per person **MUST** be made **DIRECTLY** to the Nebraska State Patrol;  
It is recommended to make payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp)  
Or a check made payable to NSP can be mailed directly to the following address:  
**\*\*\*Please indicate on your payment who the payment is for (the name of the person being fingerprinted) and the payment is for a Liquor License\*\*\***

The Nebraska State Patrol – CID Division  
4600 Innovation Drive  
Lincoln, NE 68521
- Fingerprints taken at NSP LIVESCAN locations will be forwarded to NSP – CID  
*Applicant(s) will not have cards to include with license application.*
- Fingerprints taken at local law enforcement offices may be released to the applicants;  
*Fingerprint cards should be submitted with the application.*

**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 the FBI identification record. The procedures for obtaining a change, correction, or updating a FBI identification record are set forth in Title 28, CFR, 16.34.

\*\*\*\*\*Please Submit this form with your completed application to the Liquor Control Commission\*\*\*\*\*

**Trade Name CASEY'S RETAIL COMPANY**

Name of Person Being Fingerprinted: KRYSTAL CARTER

Date of Birth:  Last 4 SSN:

Date fingerprints were taken: (07/2021)

Location where fingerprints were taken: NEBRASKA STATE PATROL 3800 NW 12<sup>TH</sup>  
How was payment made to NSP? LINCOLN NE.

How was payment made to NSP?

NSF PAY PORT  CASH  CHECK SENT TO NSI CRW

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES

Kiss Cuttie

**SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED**

# We the People

Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.



3

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT  
PASSEPORT  
PASAPORTE

UNITED STATES OF AMERICA

Type / Type / Tipo: Code / Code / Código: Passport No. / N° du Passeport / N° de Pasaporte

P

USA

548104462

Surname / Nom / Apellidos

CARTER

Given Names / Prénoms / Nombres

KRYSTAL MARIE

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

Place of birth / Lieu de naissance / Lugar de nacimiento

Sex / Sexe / Sexo

NEBRASKA, U.S.A.

F

Date of issue / Date de délivrance / Fecha de expedición

Authority / Autorité / Autoridad

04 Aug 2016

United States

Date of expiration / Date d'expiration / Fecha de caducidad

03 Aug 2026

Department of State

Endorsements / Méthions Spéciales / Anotaciones

SEE PAGE 27



P<USACARTER<<KRYSTAL<MARIE<<<<<<<<<<<<

5481044624USA8311106F2608031276448591<819712

Precinct: 01F03  
Polling Place: Party: DEM  
Air Park West Rec. Center  
3720 NW 46th St  
Lincoln  
Legislative District 21  
County Commissioner DIST 02  
Lincoln City Council DIST 04  
Lower Platte South NRD SubD 1  
Lincoln Public Schools  
LPS School Board DIST 03  
Southeast Com College Dist 4

Lancaster County, State of Nebraska  
**1985488**  
**Krystal M Carter**  
**1616 NW 54th Ct**  
**Lincoln, NE 68528**

**SPOUSAL AFFIDAVIT OF  
NON PARTICIPATION INSERT**

NEBRASKA LIQUOR CONTROL COMMISSION  
301 CENTENNIAL MALL SOUTH  
PO BOX 95046  
LINCOLN, NE 68509-5046  
PHONE: (402) 471-2571  
FAX: (402) 471-2814  
Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

**RECEIVED**  
Office Use  
**KRYSTAL CARTER IS NOT MARRIED**  
**AUG 08 2022**

**NEBRASKA LIQUOR  
CONTROL COMMISSION**

I acknowledge that I am the spouse of a liquor license holder. My signature below confirms that I will not have any interest, directly or indirectly in the operation of the business (§53-125(13)) of the Liquor Control Act. I will not tend bar, make sales, serve patrons, stock shelves, write checks, sign invoices, represent myself as the owner or **in any way participate in the day to day operations of this business in any capacity**. The penalty guideline for violation of this affidavit is cancellation of the liquor license.

I acknowledge that I am the applicant of the non-participating spouse of the individual signing below. I understand that my spouse and I are responsible for compliance with the conditions set out above. If, it is determined that my spouse has violated (§53-125(13)) the commission may cancel or revoke the liquor license.

Signature of **NON-PARTICIPATING SPOUSE**

Print Name

State of Nebraska, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ (date)

by \_\_\_\_\_

**Name of person acknowledged  
(Individual signing document)**

Signature of **APPLICANT**

Print Name

State of Nebraska, County of \_\_\_\_\_

The foregoing instrument was acknowledged before me  
this \_\_\_\_\_ (date)

by \_\_\_\_\_

**Name of person acknowledged  
(Individual signing document)**

Notary Public Signature

Affix Seal

Notary Public Signature

Affix Seal

In compliance with the ADA, this spousal affidavit of non participation is available in other formats for persons with disabilities.  
A ten day advance period is requested in writing to produce the alternate format.

FILED SARPY COUNTY NEBRASKA NEBRASKA DOCUMENTARY  
INSTRUMENT NUMBER STAMP TAX



**2022-16821**

Doc Tax: \$ Ex009

06/23/2022 01:34:36 PM

Recording fees paid:

\$16.00

Deb Houghtaling

Pages: 2

COUNTY CLERK/REGISTER OF DEEDS

By: JB

Submitter: TITLECORE NATIONAL, LLC

S-File



DEED

**Prepared by:** Jim Skloda, Casey's General Stores, Inc., P.O. Box 3001, Ankeny, IA 50021  
**Return to:** Stacie Coomes, Casey's General Stores, Inc., P.O. Box 3001, Ankeny, IA 50021

### QUIT CLAIM DEED

**THE GRANTOR, Buck's, LLC**, a Nebraska limited liability company, successor in interest by conversion to Buck's, Inc., in consideration of **One Dollar and other valuable consideration** receipt of which is hereby acknowledged, quitclaims and conveys to **Casey's Retail Company**, an Iowa corporation, Grantee, the following described real estate in **Douglas County, Nebraska**:

See Exhibit "A" attached hereto and made a part hereof.

*Sarpy*

Executed June 14, 2022.

BUCK'S, LLC

By:

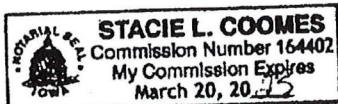
*Stephen P. Bramlage Jr.*

Stephen P. Bramlage Jr., President

STATE OF IOWA )  
 )  
COUNTY OF POLK )

The foregoing instrument was acknowledged before me on this 14 day of June, 2022 by Stephen P. Bramlage Jr. the President of Buck's, LLC, personally appeared before me, a General Notary Public for the State of Iowa and is either personally known to me or was identified by me through satisfactory evidence.

*Stacie L. Coomes*  
Notary Public



**Prepared by:** Jim Skloda, Casey's General Stores, Inc., P.O. Box 3001, Ankeny, IA 50021  
**Return to:** Stacie Coomes, Casey's General Stores, Inc., P.O. Box 3001, Ankeny, IA 50021

---

**QUIT CLAIM DEED**

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*Sarpy*

See Exhibit "A" attached hereto and made a part hereof.

Executed June 14, 2022.

BUCK'S, LLC

By:

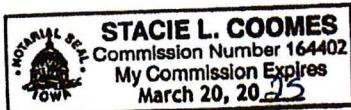
*Stephen P. Bramlage Jr.*

Stephen P. Bramlage Jr., President

STATE OF IOWA )  
 )  
COUNTY OF POLK )

The foregoing instrument was acknowledged before me on this 14 day of June, 2022 by Stephen P. Bramlage Jr. the President of Buck's, LLC, personally appeared before me, a General Notary Public for the State of Iowa and is either personally known to me or was identified by me through satisfactory evidence.

*Stacie L. Coomes*  
Notary Public



**EXHIBIT "A"**

Property Address: 7203 and 7301 Harrison Street, LaVista, Nebraska

Lot 1, in Schaefer's 1 Addition, an Addition to the City of LaVista in Sarpy County, Nebraska;

**AND**

Lot 5, in Schaefer's 1 Addition, an Addition to the City of LaVista in Sarpy County, Nebraska.

**PRIVACY ACT STATEMENT/  
SUBMISSION OF FINGERPRINTS /  
PAYMENT OF FEES TO NSP-CID**

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](http://www.lcc.nebraska.gov)

Website: [www.lcc.nebraska.gov](http://www.lcc.nebraska.gov)

**THIS FORM IS REQUIRED TO BE SIGNED BY EACH PERSON BEING FINGERPRINTED.**

**DIRECTIONS FOR SUBMITTING FINGERPRINTS AND FEE PAYMENTS:**

- FAILURE TO FILE FINGERPRINT CARDS AND PAY THE REQUIRED FEE TO THE NEBRASKA STATE PATROL WILL DELAY THE ISSUANCE OF YOUR LIQUOR LICENSE
- Fee payment of \$45.25 per person MUST be made DIRECTLY to the Nebraska State Patrol;  
It is recommended to make payment through the NSP PayPort online system at [www.ne.gov/go/nsp](http://www.ne.gov/go/nsp)  
Or a check made payable to NSP can be mailed directly to the following address:  
\*\*\*Please indicate on your payment who the payment is for (the name of the person being  
fingerprinted) and the payment is for a Liquor License\*\*\*

The Nebraska State Patrol – CID Division  
3800 NW 12<sup>th</sup> Street  
Lincoln, NE 68521

- Fingerprints taken at NSP LIVESCAN locations will be forwarded to NSP – CID  
*Applicant(s) will not have cards to include with license application.*
- Fingerprints taken at local law enforcement offices may be released to the applicants;  
*Fingerprint cards should be submitted with the application.*

**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 a FBI identification record are set forth in Title 28, CFR, 16.34.

Trade Name: CASEY'S RETAIL COMPANY

Name of Person Bring Fingerprinted: STEPHEN P. BRAMLAGE JR.

Date of Birth: \_\_\_\_\_ Last 4 SSN: \_\_\_\_\_ Date fingerprints were taken: \_\_\_\_\_

Location where fingerprints were taken: FINGERPRINTS ON FILE WITH NLCC

How was payment made to NSP?

NSP PAYPORT  CASH  CHECK SENT TO NSP CK # \_\_\_\_\_

My fingerprints are already on file with the commission – fingerprints completed for a previous application less than 2 years ago? YES  *11/22/18 221*

FOR CASEY'S RETAIL COMPANY,  
BY STEPHEN P. BRAMLAGE JR., PRESIDENT

---

**SIGNATURE REQUIRED OF PERSON BEING FINGERPRINTED**

Barry

# We the People

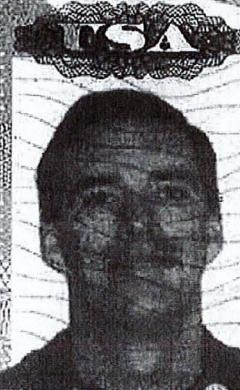
Of the United States,  
in Order to form a more perfect Union,  
establish Justice, insure domestic Tranquility,  
provide for the common defence,  
promote the general Welfare, and secure  
the Blessings of Liberty to ourselves and  
our Posterity, do ordain and establish this  
Constitution for the United States of America.



*Steph B. 24*

SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT  
PASSPORT  
PASAPORTE



UNITED STATES OF AMERICA

Type / Type / Type / Clase / Clase / Clase / Passport No. / No. de Pasaporte / No. de Pasaporte

P

USA

505800990

Surname / Nombre Apellido

BRAMLAGE JR

Given Name / Prénom / Nombres

STEPHEN PAUL

Nationality / Nacionalidad / Nacionalidad

UNITED STATES OF AMERICA

Place of birth / Lieu de naissance / Lugar de nacimiento

OHIO U.S.A.

Date of issue / Date de délivrance / Fecha de expedición

24 Oct 2014

Date of expiration / Date d'expiration / Fecha de expiración

23 Oct 2024

Endorsements / Mentions Spéciales / Anotaciones

SEE PAGE 51

Sex / Sexe / SEXO

M

Authority / Autorité / Autoridad

United States  
Department of State

USA

P<USABRAMLAGE<JR<<STEPHEN<PAUL<<<<<<<<<

5058009906USA7010170M2410236264715097<000496