3/25/22, 11:14 AM **New Permit**

Services https://directory.iowa.gov/service/Index?

a=1.101492737.1604613096.1488473035&ia_slv=1648224270480> App - 157505)
Agencies https://directory.iowa.gov/?ia_slv=1648224270480>

Social https://directory.iowa.gov/social/Index?ia_slv=1648224270480

https://www.iowa.gov/search/google?ia_slv=1648224270480

	امما	nea	or	Perm	nit	Type
i		130	O!	CIII	111	Type

License or Permit Type

Length of License Requested

Class E Liquor License

12 Month

Tentative Effective Date

Tentative Expiration Date

2022-06-01

2023-05-31

Privileges / Sub-Permits Information

Privileges

Sunday Sales

Sub-Permits

Class B Wine Permit

Class C Beer Permit

Premises Information

Business Information

* (required) Name of Legal Entity (The name of the individual, partnership, corporation or other similar legal entity that is receiving the income from the alcoholic beverages sold)

* (required) Name of Business (D/B/A)

CASEY'S GENERAL STORE #2682

CASEY'S MARKETING COMPANY

Indicate how the business will be operated

Publicly Traded Corporation

* (required) Federal Employer ID #

42-1435913

* (required) Business Number of Secretary of State

184278

Tentative Expiration Date

May 31, 2023

Premises Information

Please select here if your location is in an unincorporated town

Address of Premises:

Address or location

105 1ST AVE SE, Oelwein, Iowa, Fayette

Search by a location name or address to automatically populate the address fields below (optional)

* (required) Premises Street

Premises Suite/Apt Number

105 1ST AVE SE

* (required) Premises City	Premises State
Oelwein	lowa
* (required) Premises Zip/Postal Code	Premises County
50662	Fayette
* (required) Local Authority	Control of Premises
City of Oelwein	Own
Are other liquor, wine or beer businesses accessi-	* (required)# of Floors:
ble from the interior of your premises?	1
No	
Premises Type	Does your premises conform to all local and state
Convenience Store	health, fire and building laws and regulation?
	Yes
Does or will your licensed location wholesale alco-	* (required) Square footage of the entire retail sales
holic spirits to on-premises liquor control licensees?	area of the business, including area of walk-in coolers that are accessible to the public. This in-
	cludes all areas where non-alcohol products are
No	also sold. Do not include areas that are not acces-
	sible to the public (offices, bathroom, kitchen, stor-
	age area etc.).

Do you sell gasoline?

1,805

Yes

* (required) Square footage of the entire interior area of the building, including, but not limited to, all areas used in the storage, distribution, wholesale and retail sale of merchandise, offices, bathrooms, break rooms etc.

3,183

Do you have a separate premises for the sale of alcoholic liquor (spirits)?

No

Hours of Operation: Beginning

6:00 AM

Hours of Operation: Ending

2:00 AM

Hours deliveries may be received: Beginning

5:00 AM

Hours deliveries may be received: Ending

4:00 PM

Are the hours of deliveries flexible?

Yes

Contact Information

* (required) Contact Name

Madison Paulson

* (required) Business

(required) ExtensiPhone

on

(319) 283-3423

* (required) Email Address

madi.paulson@caseys.com

* (required) Phone

(required) Extensi (515) 381-5974

on

Same as Premises Address

Mailing Address:

Address or location

PO Box 3001, Ankeny, Iowa,

Search by a location name or address to automatically populate the address fields below (optional)

Mailing Street

Mailing Suite/Apt Number

PO Box 3001

Mailing City

Mailing State

Ankeny

Iowa

Mailing Zip/Postal Code

Mailing County

50021

Ownership

DOUGLAS BEECH

42-0935283

Position: ASSISTANT

CASEY'S

SECRETARY

GENERAL STORE,

SSN: XXX-XX-3010

INC.

US Citizen: Yes

Ownership: 0%

SSN: XXX-XX-6789

DOB: 12/21/1962

Position: OWNER

US Citizen: Yes

BRIAN JOHNSON

Position: VICE

PRESIDENT

SSN: XXX-XX-7458

US Citizen: Yes

Ownership: 0%

DOB: 08/26/1975

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Ownership: 100%

DOB: 01/01/1900

SAMUEL JAMES James R. Pistillo

Position: PRESIDENT Position: JACKOWSKI

SSN: XXX-XX-0864 TREASURER Position: SECRETARY

US Citizen: Yes SSN: XXX-XX-7092 SSN: XXX-XX-0788

Ownership: 0% US Citizen: Yes US Citizen: Yes

DOB: 07/06/1971 **DOB:** 02/24/1966

JULIA

Criminal History Information

Since the license was last issued, has anyone listed on the Ownership page been charged or convicted on the Ownership page been charged or convicted on the Ownership page been convicted of any violation of a felony offense in lowa or any other state of the United States?

Since the license was last issued, has anyone listed on the Ownership page been convicted of any violation of any state, county, city, federal or foreign law (not including traffic violations, except those that

, -

No are alcohol related)?

No

Yes

Local Authority Information

Extension * (required) Daytime Phone for Sketch on File

Local Authority

(319) 283-5440

Lease, Final Sales Contract, or Warranty Deed	Premise's Address Correct?
on File (Purchase agreements not accepted)	Yes
Yes	
Premises Zoned Properly?	Fire Inspection Completed?
Yes	No
Health Inspection Completed?	Was a DCI background check run?
No	No
Previous License Number for this Location	* (required) Local Authority Email Address
	deputyclerk@cityofoelwein.org
Comments	Amount Owed to Local Authority
	100.00

Document Upload Information

3/25/22, 11:14 AM New Permit

DOCUMENT NAME

Deed/Final Sales Contract or Lease

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS