

Ownership Updates Application (App-172363) For (LE0003424)

License or Permit Type

License or Permit Type

Class E Retail Alcohol License

Length of License Requested

12 Month

Tentative Effective Date

2022-04-15

Tentative Expiration Date

2023-04-14

Privileges / Sub-Permits Information

Privileges

Sub-Permits

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)**

Hy-Vee, Inc.

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

Hy-Vee Oelwein Dollar Fresh

Indicate how the business will be operated

Corporation

*** (required) Federal Employer ID #**

42-0325638

*** (required) Business Number of Secretary of State**

19862

Premises Information

Address of Premises:

You must use the Address or location field below to search for your operating location. If your event does not populate, please find the closest applicable address and then modify your premises street field to better identify the address of your event.

Address or location

1345 S. Frederick Ave., Oelwein, Iowa, Fayette

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

*** (required) Premises Street**

1345 S. Frederick Ave.

Premises Suite/Apt Number

*** (required) Premises City**

Oelwein

Premises State

Iowa

*** (required) Premises Zip/Postal Code**

50662

Premises County

Fayette

*** (required) Local Authority**

City of Oelwein

Control of Premises

Own

Are other liquor, wine or beer businesses accessible from the interior of your premises?

No

*** (required) # of Floors:**

1

Premises Type

Grocery Store

Does your premises conform to all local and state health, fire and building laws and regulation?

Yes

Does or will your licensed location wholesale alcoholic beverages to on-premises retail alcohol licensees?

Yes

*** (required) Square footage of the entire alcoholic beverage retail sales and alcoholic beverage storage areas of the business, including areas of walk-in alcoholic beverage coolers that are accessible to the public.**

39,600

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

No

Hours of Operation: Beginning

12:00 AM

Hours of Operation: Ending

12:00 AM

Hours deliveries may be received: Beginning

12:00 AM

Hours deliveries may be received: Ending

12:00 AM

Are the hours of deliveries flexible?

Yes

Contact Information

* (required) Contact Name

Kelly Palmer

* (required) Business

(required) Extension

(515) 267-2949

* (required) Email Address

kpalmer@hy-vee.com

* (required) Phone

(required) Extension

(515) 267-2800

Same as Premises Address

Mailing Address:

You must use the Address or location field below to search for your operating location. If your event does not populate, please find the closest applicable address and then modify your premises street field to better identify the address of your event.

Address or location

5820 Westown Parkway, West Des Moines, Iowa,

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

Mailing Street

Mailing Suite/Apt Number

5820 Westown Parkway

Mailing City

West Des Moines

Mailing State

Iowa

Mailing Zip/Postal Code

50266

Mailing County

Ownership

Jeremy Gosch

Position: CEO

SSN: XXX-XX-6183

US Citizen: Yes

Ownership: 0%

DOB: 11/01/1974

Andrew

Schroeder

Position: AVP,
Assistant Controller

SSN: XXX-XX-7701

US Citizen: Yes

Ownership: 0%

DOB: 05/09/1987

Michael Jurgens

Position: Vice

President, Secretary

SSN: XXX-XX-9205

US Citizen: Yes

Ownership: 0%

DOB: 01/11/1974

Criminal History Information

Has anyone listed on the Ownership page been charged or convicted of a felony offense in Iowa or any other state of the United States?

No

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 are alcohol related)?

No

Local Authority Information

Extension

* (required) Daytime Phone for

- Local Authority

(319) 283-5440

Was a DCI background check run?

No

* (required) Local Authority Email Address

deputyclerk@cityofelwein.org

Comments

Document Upload Information

DOCUMENT NAME
Sketch

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME
Proof of Control of Property (Deed / Final Sales Contract / Lease / Written Agreement)
****Purchase agreements not accepted**

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME
TTB Basic Permit

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS