

# (App-174934)

## License or Permit Type

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**License or Permit Type**

Class E Retail Alcohol License

**Length of License Requested**

12 Month

**Tentative Effective Date**

2023-04-15

**Tentative Expiration Date**

2024-04-14

## Privileges / Sub-Permits Information

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**Privileges**

**Sub-Permits**

## Premises Information

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## 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

**Tentative Expiration Date**

Apr 14, 2024

### Premises Information

Please select here if your location is in an unincorporated town

### 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

**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.**

28,160

**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?**

**Contact Information**

**\* (required) Contact Name**

**\* (required) Business**

**(required) Extension**

**Phone**

**\* (required) Email Address**

**\* (required) Phone**

**(required) Extension**

**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**

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

**Mailing Street**

**Mailing Suite/Apt Number**

**Mailing City**

**Mailing State**

West Des Moines

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

Since the license was last issued, 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

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 are alcohol related)?

No

# Local Authority Information

**Is this License eligible for enrollment in the Automatic Renewal Program?**

**Extension**

**\* (required) Daytime Phone for**

**Local Authority**

(319) 283-5440

**Sketch on File**

**Proof of Control of Property ( Deed / Final Sales Contract / Lease / Written Agreement )**

**\*\*Purchase agreements not accepted**

**Premise's Address Correct?**

**Premises Zoned Properly?**

**Fire Inspection Completed?**

**Health Inspection Completed?**

**Was a DCI background check run?**

**Previous License Number for this Location**

**\* (required) Local Authority Email Address**

**Comments**

**Amount Owed to Local Authority**

0.00

## Document Upload Information

DOCUMENT NAME

Proof of Control of Property ( Deed / Final Sales Contract / Lease / Written Agreement )

\*\*Purchase agreements not accepted

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

Sketch

UPLOADED DOCUMENTS

ADDITIONAL COMMENTS

DOCUMENT NAME

TTB Basic Permit

UPLOADED DOCUMENTS

**Oelwein - TTB Permit**

ADDITIONAL COMMENTS