Ownership Updates Application (App-178190) For (LE0003076)

License or Permit Type		
License or Permit Type	Length of License Requested	
Class E Retail Alcohol License	12 Month	
Tentative Effective Date	Tentative Expiration Date	
2023-06-01	2024-05-31	

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)

CASEY'S MARKETING COMPANY

Indicate how the business will be operated

* (required) Federal Employer ID #

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

CASEY'S GENERAL STORE #2682

Corporation

42-1435913

* (required) Business Number of Secretary of State

184278

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

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

ł	(required)	Premises	Zip/Postal	Code
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50662

Premises County

Fayette

* (required)Local Authority City of Oelwein

Control of Premises

Own

1

Are other liquor, wine or beer businesses accessi- * (required) # of Floors:

ble from the interior of your premises?

No

Premises Type

Convenience 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 alco-

holic beverages to on-premises retail alcohol

licensees?

No

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

1,805

Do you have a separate premises for the sale of al-

coholic liquor (spirits)?

No

Hours of Operation: Beginning

6:00 AM

Hours of Operation: Ending Hours deliveries may be received: Beginning 2:00 AM 5:00 AM Hours deliveries may be received: Ending Are the hours of deliveries flexible? 4:00 PM Yes **Contact Information** * (required) Contact Name * (required) Business (required) Extensiehone Madison Paulson (319) 283-3423 * (required) Email Address * (required) Phone (required) Extension 381-5974 madi.paulson@caseys.com 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 1 SE CONVENIENCE BLVD, Ankeny, Iowa, Polk 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	
Ankeny	Iowa	
Mailing Zip/Postal Code	Mailing County	

ership		
SAMUEL JAMES	DOUGLAS BEECH	42-0935283
Position: PRESIDENT	Position: ASSISTANT	CASEY'S
SSN: XXX-XX-0865	SECRETARY	GENERAL STORE,
US Citizen: Yes	SSN: XXX-XX-3010	INC.
Ownership: 0%	US Citizen: Yes	Position: OWNER
DOB: 07/04/1983	Ownership: 0%	SSN: XXX-XX-6789
	DOB: 12/21/1962	US Citizen: Yes
		Ownership: 100%
		DOB: 01/01/1900

BRIAN JOHNSON	SCOTT FABER	ERIC LARSEN
Position: VICE	Position: SECRETARY	Position:
PRESIDENT	SSN: XXX-XX-9527	TREASURER
SSN: XXX-XX-7458	US Citizen: Yes	SSN: XXX-XX-8851
US Citizen: Yes	Ownership: 0%	US Citizen: Yes
Ownership: 0%	DOB: 01/29/1979	Ownership: 0%
DOB : 08/26/1975		DOB: 06/24/1967

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)? Yes

Local Authority Information

Extension

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* (required) Daytime Phone for

Local Authority

(319) 283-5440

Was a DCI background check run?

No

* (required) Local Authority Email Address

Comments

deputyclerk@cityofoelwein.org

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