

# **City of Seward, NE**

**Tuesday, July 7, 2015**

**Regular Session**

## **Item G13**

### **CONSIDERATION OF APPROVAL OF TINA M. KRINGS AS MANAGER OF CASEY'S RETAIL CLASS B LIQUOR LICENSE - Bonnie Otte**

**Administrative Report:** Following review and discussion, a motion to approve Tina M. Krings as Manager of Casey's Retail Class B Liquor License would be in order.

**Staff Contact:**



**Pete Ricketts**  
Governor

**STATE OF NEBRASKA**  
**NEBRASKA LIQUOR CONTROL COMMISSION**  
**Robert B. Rupe**  
*Executive Director*

301 Centennial Mall South, 5th Floor  
P.O. Box 95046  
Lincoln, Nebraska 68509-5046  
Phone (402) 471-2571  
Fax (402) 471-2814 or (402) 471-2374  
TRS USER 800 833-7352 (TTY)  
web address: <http://www.lcc.ne.gov/>

June 30, 2015

SEWARD CITY CLERK  
PO BOX 38  
537 MAIN STREET  
SEWARD NE 68434

RE: Manager Application Tina M. Krings

LICENSE #B-72991

Dear Clerk:

Enclosed is a copy of a manager application for Tina M. Krings, in connection with Casey's General Store 2730, located in Seward.

Please present this application for manager to your City/Village Council or County Commissioners and send us the results of their action.

Sincerely,

Jacqueline Rodriguez  
Licensing Division  
NEBRASKA LIQUOR CONTROL COMMISSION  
402-471-2571

encl.

**Janice M. Wiebusch**  
Commissioner

**Robert Batt**  
Chairman

**Bruce Bailey**  
Commissioner

*An Equal Opportunity Employer*

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

Office Use

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**MUST BE:**

- ✓ Citizen of the United States. Include copy of US birth certificate, naturalization paper or current US passport
- ✓ Nebraska resident. Include copy of voter registration in the State of Nebraska
- ✓ Fingerprinted. See Form 147 for further information, this form **MUST** be included with your application.
- ✓ 21 years of age or older

**Corporation/LLC information**

Name of Corporation/LLC: CASEY'S RETAIL COMPANY

**Premise information**

Liquor License Number: B67349 72991 Class Type B (if new application leave blank)

Premise Trade Name/DBA: CASEY'S GENERAL STORE #2730

Premise Street Address: 2605 PROGRESSIVE RD

City: SEWARD County: SEWARD Zip Code: 68434-1716

Premise Phone Number: (402) 643-9517

Email address: mikael.ahrens@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. Click on this link to see authorized individuals.  
[http://www.lcc.ne.gov/license\\_search/licsearch.cgi](http://www.lcc.ne.gov/license_search/licsearch.cgi)



RICHARDT SCHAPPERT - PRESIDENT FOR CASEY'S RETAIL COMPANY

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

(Faxed signatures are acceptable)



1500015703

Form 103  
REV JAN 2015  
Page 2 of 6

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

Last Name: KRINGS First Name: TINA MI: M  
Home Address (include PO Box if applicable): 1212 BLUE STEM CIRCLE  
City: NORFOLK County: MADISON Zip Code: 68701  
Home Phone Number: (515) 371-6926 Business Phone Number: (515) 371-6926  
Social Security Number: 504-84-2100 Drivers License Number & State: G07015757  
Date Of Birth: 12-21-67 Place Of Birth: ANAHEIM, CA  
Email address: tina.krings@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: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Drivers License Number & State: \_\_\_\_\_  
Date Of Birth: \_\_\_\_\_ Place Of Birth: \_\_\_\_\_

**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
NORFOLK, NE	1967	CURRENT			

# MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
9/2001 CURRENT	CASEY'S GENERAL STORES	JAN KONRAD	515-965-6517
01/1998 08/2001	ARNOLD ENGINEERING	PLANT CLOSED	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. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ 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
OFFICERS ON APPLICATION FORM				

## 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 GENERAL STORES- MULTIPLE NEBRASKA STORES- PLEASE SEE 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: MAY 29, 2013 Name on Certificate: TINA KRINGS

Applicant Name	Date (mm/yyyy)	Name of program (attach copy of course completion certificate)
TINA KRINGS	MAY 29, 2013	RESPONSIBLE HOSPITALITY COUNCIL MANAGEMENT TRAINING 5/29/2013

\*For list of NLCC Certified Training Programs see [www.lcc.ne.gov/traininginfo.html](http://www.lcc.ne.gov/traininginfo.html)

Experience:

Applicant Name / Job Title	Date of Employment:	Name & Location of Business:
TINA M KRINGS, DISTRICT MANAGER	9/2001-CURRENT	CASEY'S GENERAL STORES
TINA M. KRINGS	01/1998-08/2001	ARNOLD ENGINEERING

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5. Have you enclosed Form 147 regarding fingerprints?

☐ YES

☒ NO FINGERPRINTS ALREADY ON FILE

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 §53-131.01) 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.

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Tina M. Krings  
Signature of Manager Applicant

\_\_\_\_\_  
Signature of Spouse

ACKNOWLEDGEMENT

State of IOWA  
County of \_\_\_\_\_

POLK

The foregoing instrument was acknowledged before me this

JUNE 24, 2015

by \_\_\_\_\_

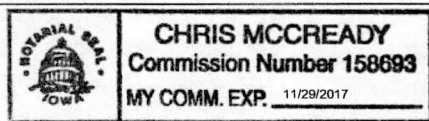
TINA KRINGS

date

name of person acknowledged

Chris Mccready  
Notary Public signature

Affix Seal



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.

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# **CERTIFICATE OF COMPLETION RESPONSIBLE HOSPITALITY COUNCIL MANAGEMENT TRAINING**

This certificate is awarded to

**Tina Krings**

For completing the Hospitality Insider Training and Lincoln Server/Seller Permit  
May 29, 2013

**RESPONSIBLE HOSPITALITY COUNCIL**

Signature *Thomas Dwyer*  
Signature *Thomas Dwyer*

Date 5-9-13  
Date 5/9/13





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STATE OF CALIFORNIA  
DEPARTMENT OF HEALTH SERVICES  
HEALTH DATA AND STATISTICS BRANCH

DATA DATE: 1018  
TIME: 10:00 AM

EVENT: BIRTH

RECEIPT NO: 599951

AMOUNT: \$13.00

FEES: .00

1311 IMPALA DR., #A  
NORFOLK, NE 68701

DATE: 10/18/95

THIS IS YOUR RECEIPT.

THIS COMPUTER GENERATED ABSTRACT OF BIRTH IS AN OFFICIAL DOCUMENT.

463339

DEPARTMENT OF HEALTH SERVICES  
CERTIFIED ABSTRACT OF BIRTH

NAME: TINA M PAULSEN

This is to certify that this  
document is a true abstract  
of the official record filed with  
the Office of Vital Records and Statistics  
S. Kimberly Belshe, Director  
Department of Health Services  
and State Registrar of Vital Records and Statistics

DATE OF BIRTH: DECEMBER 21, 1967

SEX: FEMALE

COUNTY OF BIRTH: ORANGE

BIRTH SURNAME OF MOTHER: STREETER

by:

George B. (Peter) Abbott, Jr., M.D., M.P.H., Chief  
Office of Vital Records and Statistics

DATE FILED: 02/68

DATE ISSUED: 10/18/95

REGISTRATION NUMBER -  
599951

STATE: 67-334858  
LOCAL: 019545

463339

VS-1(4-94)



## Important Message:

If you have recently moved, please use the Polling Place feature. Locate Your Polling Place with the street and city address of your new/current residence.

HOME

REGISTRATION  
INFORMATIONPOLLING  
PLACEPROVISIONAL  
BALLOTABSENTEE  
BALLOT

Select Language ▼

## Registrant Search Information

## Registrant Detail

Name: Tina M Krings  
 Party: Nonpartisan  
 Polling Place: Victory Road Evangelical Free Church  
 1201 N. Victory Road  
 Norfolk, NE 68701

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## Districts

## DISTRICT NAME

Norfolk Public Schools  
 Northeast Com College Dist 5  
 Northeast Com College At Large  
 U.S. Congressional District 1  
 Appeals Court Judge Dist 3  
 County Judge Dist 7  
 District Judge, Dist 7  
 Supreme Court Judge Dist 3  
 Legislative District 19  
 Lower Elkhorn NRD SubD 3  
 Lower Elkhorn NRD At Large  
 Nebraska PPD SubD 10  
 PSC District 4  
 Board of Regents District 3  
 ESU 8 District 7  
 Norfolk Airport Authority  
 City Council Norfolk Ward 1  
 County Commissioner Dist. #1  
 Mayor Norfolk  
 Norfolk Sanitary District  
 State Board of Education Dist3

## DISTRICT TYPE

School District  
 Community College District  
 Community College District  
 U.S. Congressional District  
 Judge of Appeals Court Dist.  
 Judge of County Court Dist.  
 Judge of District Court Dist.  
 Judge of Supreme Court Dist.  
 Legislative District  
 Natural Resources District  
 Natural Resources District  
 Public Power District  
 Public Service Comm District  
 Board of Regents  
 ESU District  
 Airport Authority  
 City Council (Ward)  
 County Board (Commis./Superv)  
 Mayor  
 Utilities District  
 State Board of Education

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**City of Seward, Police Department**  
**Chief of Police**  
**Alan D. Baldwin**  
**148 South First Street**  
**Seward Nebraska 68434**  
**Phone and TDD 402-643-2579 Fax 402-643-6785**

July 2, 2015

Liquor license application

Tina M. Krings

Casey's General Store # 2730  
South Highway 15  
Seward, NE

There were no pertinent negative local contacts

Recommendation is to issue liquor manager license

*Chief Alan D. Baldwin*  
Chief Alan D. Baldwin