Applicant	License Application ( BC0029616	)	Item No. 8
Name of App	licant: <u>Hy-Vee, Inc.</u>		
Name of Bus	iness (DBA): <u>Hy-Vee Gas #5013</u>		
Address of P	remises: 4018 West Lincoln Way		
City Ames	County: Story		<b>Zip:</b> <u>50014</u>
Business	<u>(515) 292-5580</u>		
Mailing	5820 Westown Pkwy		
City West Des	<u>s Moines</u> State <u>IA</u>		<b>Zip:</b> <u>50266</u>

#### **Contact Person**

Name Kelly Palmer		
Phone: (515) 267-2949	Email	kpalmer@hy-vee.com

# Classification Class C Beer Permit (BC)

Term:12 months

Effective Date: <u>09/01/2020</u>

# Expiration Date:

# Privileges:

Class C Beer Permit (BC)

### **Status of Business**

BusinessType	: Privately Held	Corporation			
Corporate ID N	lumber: <u>XXXXX</u>	XXXX Fede	eral Employer ID	<u>XXXXXXXXXX</u>	
Ownership					
Randy Edeker					
First Name:	<u>Randy</u>	Last Na	ame: <u>Edeker</u>		
City:	<u>Urbandale</u>	State:	<u>lowa</u>	Zip:	<u>50322</u>
Position:	CEO, President				
% of Ownership	: <u>0.00%</u>	U.S. Ci	tizen: Yes		
Jeffrey Pierce					
First Name:	<u>Jeffrey</u>	Last Na	ame: <u>Pierce</u>		
City:	West Des Moines	State:	<u>lowa</u>	Zip:	<u>50265</u>
Position:	Ass't Treasurer, Fin	nancial			
% of Ownership		U.S. Ci	tizen: Yes		
Michael Skokan					
First Name:	<u>Michael</u>	Last Na	ame: <u>Skokan</u>		
City:	<u>Waukee</u>	State:	<u>lowa</u>	Zip:	<u>50263</u>
Position:	CFO, Treasurer				
% of Ownership	: <u>0.00%</u>	U.S. Ci	tizen: Yes		

Michael Jurgens	5			
First Name:	<u>Michael</u>	Last Name:	<u>Jurgens</u>	
City:	Des Moines	State:	<u>lowa</u>	<b>Zip:</b> <u>50312</u>
Position:	Vice President, Secretary			
% of Ownership	: <u>0.00%</u>	U.S. Citizen: Y	′es	

Insurance Company	Information
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Insurance Company Information		
Insurance Company:		
Policy Effective Date:	Policy Expiration	
Bond Effective	Dram Cancel Date:	
Outdoor Service Effective	Outdoor Service Expiration	
Temp Transfer Effective	Temp Transfer Expiration Date:	