Applicant	License Application ( LE0000085	)			
Name of Applicant: <u>Hy-Vee, Inc.</u>					
Name of Business (DBA): Hy-Vee Food Store #1					
Address of Premises: 3800 W Lincoln Way					
City Ames	County: Story	<b>Zip:</b> <u>5001400</u>			
Business	<u>(515) 292-5580</u>				
Mailing	5820 Westown Parkway				
City West Des	Moines State IA	<b>Zip:</b> <u>50266</u>			

#### **Contact Person**

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

## Classification Class E Liquor License (LE)

Term:12 months

Effective Date: <u>10/20/2020</u>

# Expiration Date:

## Privileges:

Class E Liquor License (LE)

#### **Status of Business**

BusinessType: Privately Held Corporation						
Corporate ID N	lumber: 2	<u>XXXXXXXXXX</u>	Federal Em	ployer ID	XXXXXXXXXX	
Ownership						
Randy Edeker						
First Name:	<u>Randy</u>		Last Name:	<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			U.S. Citizen: Yes			
Michael Skokan						
First Name:	<u>Michael</u>		Last Name:	<u>Skokan</u>		
City:	<u>Waukee</u>		State:	<u>lowa</u>	Zip:	<u>50263</u>
Position:	<u>CFO, Treas</u>	surer				
% of Ownership	% of Ownership: 0.00% U.S. Citizen: Yes					
Jeffrey Pierce						
First Name:	<u>Jeffrey</u>		Last Name:	<u>Pierce</u>		
City:	West Des M	<u>loines</u>	State:	<u>lowa</u>	Zip:	<u>50265</u>
Position:	Asst. Treas	<u>urer, Financial</u>				
% of Ownership			U.S. Citizen: Yes			

#### Andrew Schroeder

First Name:	Andrew	Last Name:	<u>Schroeder</u>		
City:	<u>Johnston</u>	State:	<u>lowa</u>	Zip:	<u>50131</u>
Position:	AVP, Assistant Controller				
<b>% of Ownership:</b> <u>0.00%</u>		U.S. Citizen: Yes			
Michael Jurgens	5				
First Name:	<u>Michael</u>	Last Name:	<u>Jurgens</u>		
City:	Des Moines	State:	<u>lowa</u>	Zip:	<u>50312</u>
Position:	Vice President, Secretary				
% of Ownership: <u>0.00%</u>		U.S. Citizen: Yes			

## Insurance Company Information

Insurance Company:	EMPLOYERS MUTUAL CASUALTY COMPANY			
Policy Effective Date:	10/20/2019	Policy Expiration	<u>01/01/1900</u>	
Bond Effective	<u>2</u>	Dram Cancel Date:		
Outdoor Service Effective		Outdoor Service Expiration		
Temp Transfer Effective Date:		Temp Transfer Expiration Date:		