

3d.

earlhamcityhall@mchsi.com

---

**From:** noreply@salesforce.com on behalf of IOWA ABD Licensing Support  
<elaps@iowaabd.com>  
**Sent:** Thursday, December 9, 2021 12:09 PM  
**To:** earlhamcityhall@mchsi.com  
**Cc:** licensingnotification@iowaabd.com  
**Subject:** Application App-151604 Ready for Review

Hello,

Application Number App-151604 has been set to "Submitted to Local Authority" status and is currently ready for your review.

Corp Name: Casey's Marketing Company

DBA: Casey's General Store #2644

License Number: LE0002323

Application Number: App-151604

Tentative Effective Date: 2/12/2022

License Type: Class E Liquor License (LE)

Application Type: Amendment

Amendment Type: Ownership Updates

Thank you.



# State of Iowa

Alcoholic Beverages Division

## Applicant

NAME OF LEGAL ENTITY	NAME OF BUSINESS(DBA)	BUSINESS
Casey's Marketing Company	Casey's General Store #2644	(515) 758-2182

ADDRESS OF PREMISES	CITY	COUNTY	ZIP
975 N Chestnut Ave	Earlham	Madison	50072

MAILING ADDRESS	CITY	STATE	ZIP
PO Box 3001	Ankeny	Iowa	50021-8045

## Contact Person

NAME	PHONE	EMAIL
JESSICA FISHER-COMSTOCK	(515) 446-6404	jessica.fisher@caseys.com

## License Information

LICENSE NUMBER	LICENSE/PERMIT TYPE	TERM	STATUS
LE0002323	Class E Liquor License	12 Month	Submitted to Local Authority

TENTATIVE EFFECTIVE DATE	TENTATIVE EXPIRATION DATE	LAST DAY OF BUSINESS
Feb 12, 2022	Feb 11, 2023	

### SUB-PERMITS

Class E Liquor License, Class C Beer Permit, Class B Wine Permit



# State of Iowa

Alcoholic Beverages Division

## PRIVILEGES

Sunday Service

## Status of Business

### BUSINESS TYPE

Publicly Traded Corporation

## Ownership

NAME	CITY	STATE	ZIP	POSITION	% OF OWNERSHIP	U.S. CITIZEN
BRIAN JOHNSON	JOHNSTON	Iowa	50131	VICE PRESIDENT	0.00	Yes
DOUGLAS BEECH	ANKENY	Iowa	50021	ASSISTANT SECRETARY	0.00	Yes
SAMUEL JAMES	ANKENY	Iowa	50021	PRESIDENT	0.00	Yes
42-0935283 Casey's General Stores, Inc.	Ankeny	Iowa	50021--804	Owner	100.00	Yes
SCOTT FABER	JOHNSTON	Iowa	50131	SECRETARY	0.00	Yes
ERIC LARSEN	ANKENY	Iowa	50023	ASSISTANT SECRETARY	0.00	Yes



# State of Iowa

Alcoholic Beverages Division

## Insurance Company Information

INSURANCE COMPANY

POLICY EFFECTIVE DATE

POLICY EXPIRATION DATE

DRAM CANCEL DATE

OUTDOOR SERVICE EFFECTIVE  
DATE

OUTDOOR SERVICE EXPIRATION  
DATE

BOND EFFECTIVE DATE

TEMP TRANSFER EFFECTIVE  
DATE

TEMP TRANSFER EXPIRATION  
DATE