



Nebraska Liquor Control

301 Centennial Mall
South - 1st Floor PO
Box 95046 Lincoln
NE 68508

Application Copy

File Number: 52685

LICENSE TYPE Class D Beer, Wine, Spirits Off Sale Only	APPLICATION DATE RECEIVED 2024-10-17
SECONDARY LICENSE(S) None selected	
LICENSEE LEGAL NAME Hanks Gas & Grocery LLC	LICENSEE TYPE Corporation
DOING BUSINESS AS Hanks Gas & Grocery LLc	CORPORATE NUMBER
INCORPORATION DATE 2024-10-01	
CORRESPONDENCE ADDRESS PO Box 826, Lexington, NE 68850	
MAILING ADDRESS PO Box 826, Lexington, NE 68850	
PHYSICAL ADDRESS 1303 Plum Creek PKWY, Lexington, NE 68850	
CONTACT NAME Debbie Geiger	PREFERRED CONTACT METHOD Email
CONTACT PHONE (308) 324-5186	ALTERNATE PHONE (308) 529-0132
FAX (308) 324-6286	EMAIL debbie@tlsund.com

CORPORATE STRUCTURE

NAME	POSITION/TITLE	PARENT COMPANY	% INTEREST
Todd	President		26
Kimberlee Booth	owner		25
Travis Sund	owner		49

ADDITIONAL INFORMATION

Todd and Kimberlee Booth share ownership of 51% so that is the reason for the division of 25/26

MARITAL STATUS

Single

MANAGED BY AGENT

No

PREMISES TYPE

Convenience with Gas

PREMISES NAME

Hanks Gas & Grocery LLC

OPERATOR

Cindy Meyer

CORPORATE LIMIT DESIGNATION

Inside

LEASE OR OWN

Lease

EXPIRATION DATE

2029-10-01

PHYSICAL ADDRESS

1303 Plum Creek PKWY, Lexington NE 68850

MAILING ADDRESS

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PREMISES MANAGER

Cindy Meyer

PREMISES MANAGER EMAIL

cl45meyer@yahoo.com

QUESTIONS

Class D Beer, Wine, Spirits Off S

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY §53-125(5)

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 is applying, please list charges by each individual's name. Exclude minor traffic violations such as speeding. Include Driving Under the Influence, Driving Under Suspension & other similar charges. Commission must be notified of any arrests and/or convictions that may occur after the date of signing this application.

Yes

(document uploaded)

2. What are the building dimensions: Enter length and width in feet separated by a comma (i.e. L20, W15) *Not square feet*

A simple sketch of the area to be licensed will be required to be uploaded in the Documents section.. Include the length x width, direction of NORTH and number of floors of the building.

L102, W65

3. Will a basement be used for alcoholic storage or sale?

No

4. How many floors of the building? (excluding basement) Please indicate which floors will be included in the liquor license.

1 Floor

5. Is premises to be licensed within 150 feet of a church, school, hospital, home for indigent persons or for veterans, their wives, and children?

No

6. Is premises to be licensed within 300 feet of a college campus or university?

No

7. Are you acquiring any alcohol prior to obtaining this liquor license?

No

8. What date do you intend to open for business?

11/1/2024

9. What are the anticipated hours of operation?

12:00 am- 12:00 am

24 hr

10 Are you borrowing any money from any source, including family or friends, to establish and/or operate the business?

No

11 Will any person or entity, other than the applicant, be entitled to a share of the profits of this business?

No

12 Is anyone listed on this application a law enforcement officer?

No

13 List the primary bank and/or financial institution to be utilized by the business.

a) List the individual(s) who are authorized to write checks and/or withdrawals on accounts at this institution.

Pinnacle Bank

Travis Sund, Todd Booth

14 Do you have prior experience or training in selling, serving or managing alcohol sales?

No

15 Are all individuals named in this application over 21 years of age?

Yes

16 Do you intend to allow drive through services (curb side pick up) allowed under Neb Rev. Statute 53-178.01(2)

No

17 List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. List the license holder name, location of license, and license number. Also list reason for termination of license(s) previously held.

none

18 Has the premises location been previously licensed within the last 2 years?

No

19 Are you applying for a Temporary Operating Permit?

No

20 What is the premises manager's name?

Cindy Meyer

21 What is the manager's address?

1412 S Adams St, Lexington, NE 68850

22 What is the manager's phone number?

308-746-8846

23 What county is the manager registered to vote in?

The manager must be a resident of the state of Nebraska. If the manager is not registered to vote they can complete their voter registration here - <https://www.nebraska.gov/apps-sos-voter-registration/>

Dawson

24 What is the manager's email address? An email will be sent to them to obtain their personal information.

cl145meyer@yahoo.com

25 Is the manager married?

No

DOCUMENTS

TYPE	FILE NAME	DESCRIPTION
Business Plan	Hanks Business Plan.pdf	
Explanation of Convictions/Guilty Pleas	Explanation of Convictions.pdf	
Lease / Deed / Purchase Agreement	Hanks Gas & Grocery Lease.pdf	
Premises Description & Diagram	Building Dimensions.pdf	
Privacy Act Statement	Todd Booth.pdf	
Privacy Act Statement	Kimberlee Booth.pdf	
Privacy Act Statement	Travis Sund Privacy Statement.pdf	
Privacy Act Statement	Cindy Meyer.pdf	

APPLICANT

Debbie Geiger

DECLARATION

I (We) the applicant(s) agree and consent

By checking the box next to "I (We) the applicant(s) agree and consent", the applicant(s) hereby consent(s) to an investigation of background and release present and future records of every kind and description including, but not limited to, police records, tax records, bank or lending institution records, and corporate records. I consent to the release of any documents supporting any declarations made in this application and agree to provide any documents supporting these declarations to the Nebraska Liquor Control Commission (NLCC) or the Nebraska State Patrol (NSP) immediately upon demand. I agree to provide any record needed in furtherance of any investigation related to this application immediately upon demand to the NLCC or the NSP. I waive any right or cause of action that I may have against the NLCC, the NSP, or any other individual or entity disclosing or releasing any investigatory or supporting records related to this application or the review of this application.

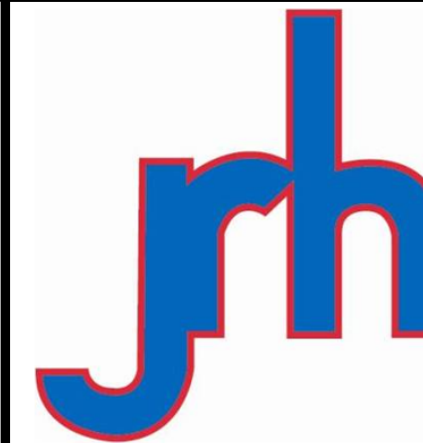
I acknowledge that false information submitted in this application is grounds for denial of a license. Any license issued based on the information submitted in this application is subject to additional conditions, cancellation, revocation, or suspension if the information contained herein is incomplete, inaccurate, or fraudulent. I acknowledge that any changes to the information contained in this application must be reported to the NLCC. I acknowledge the review of this application will involve a criminal record check of all owners, partners, managers, officers and stockholders or members owning 25% interest in the applying entity and their spouses. Any license granted by the NLCC is subject to the provisions of the Nebraska Liquor Control Act and the Rules & Regulations of the NLCC, and that failure to comply with these provisions and rules may subject the license to suspension, cancellations, or revocation. I acknowledge that a licensee must keep complete, accurate, and separate records and that a licensee's records and books are subject to inspection by the NLCC. NLCC auditors and law enforcement officers are authorized to enter and inspect the licensed premises at any time to determine whether any provision of the Act, rule or regulation, or ordinance has been or is being violated. I acknowledge that it is the licensee's responsibility to comply with the provisions of the Nebraska Liquor Control Act and the Commission's rules and regulations.

If I am an individual applicant, I will supervise in person the management and operation of the business and operate the business authorized by the license for myself and not as an agency for any other person or entity. If I am a corporate applicant, I will ensure that an approved manager will supervise in person the management and operation of the business. If I am a partnership applicant, I will ensure one partner supervises the management and operation of the business.

I will operate the licensed business in compliance with all applicable laws, rules and regulations, and ordinances and to cooperate fully with any authorized agent of the NLCC.

I declare under penalty of perjury that I have read the contents of this application and, to the best of my knowledge, believe all statements made in this application are true, correct, and complete.

Applicant Notification and Record Challenge: An applicant's fingerprints will be used to check the criminal history records of the FBI. The applicant may complete or challenge the accuracy of the information contained in the FBI Identification Record. The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in 28 CFR 16.34.



Joseph R. Hewgley & Associates, Inc.
702 South Bailey - North Platte, Ne. 69101
Phone: 308/534-4983 • Fax: 308/534-4944



CONSTRUCTION DOCUMENTS

HANK'S CONVENIENCE STORE

for
TSTB, LLC

PROJECT #: N-1323

DATE: 1-26-24

DRAWN: RDS

REVISIONS

DATE	DESCRIPTION

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JOSEPH R. HEWGLEY &
ASSOCIATES, Inc.
C-1010A

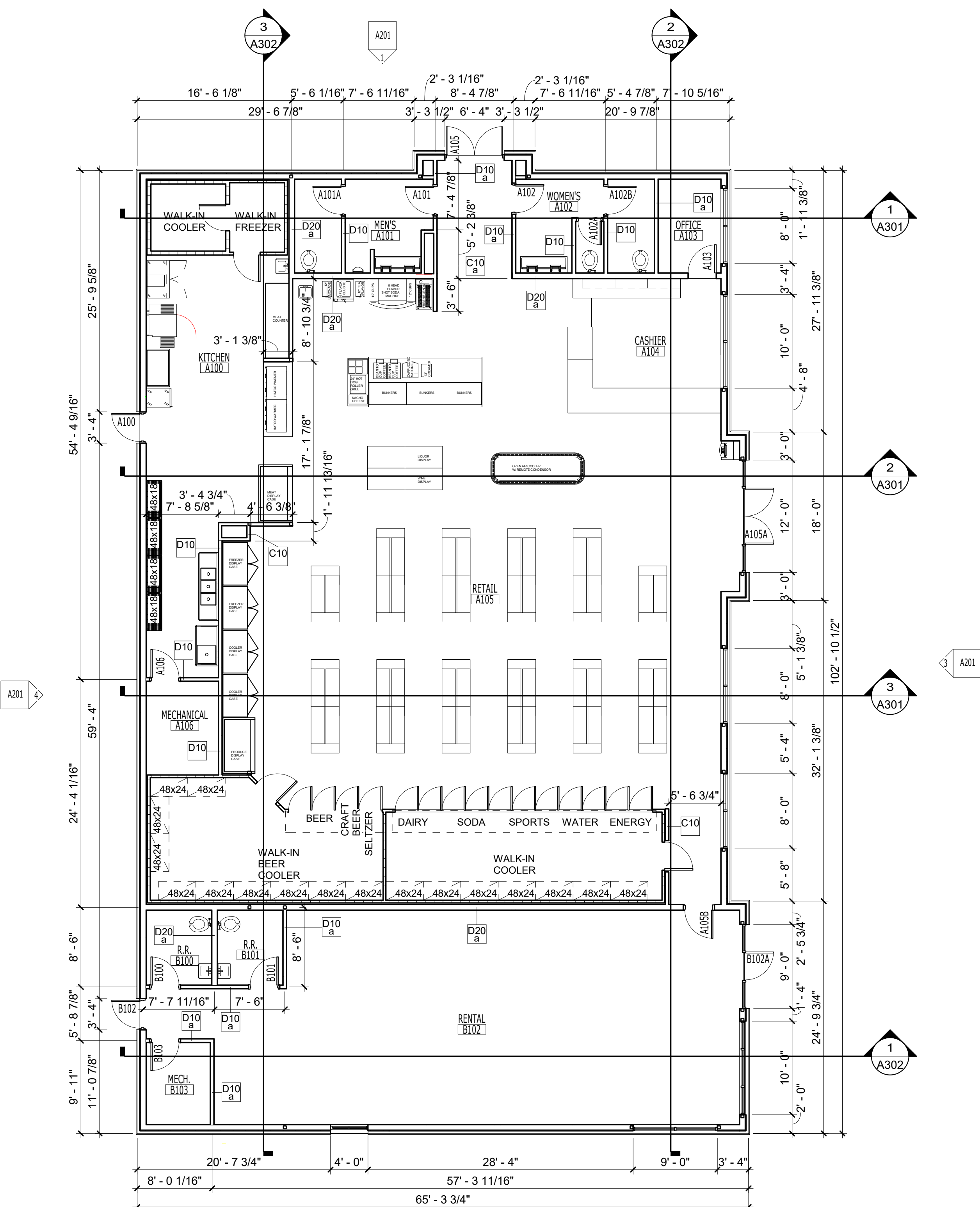


MEMBER
AMERICAN
INSTITUTE
of ARCHITECTS

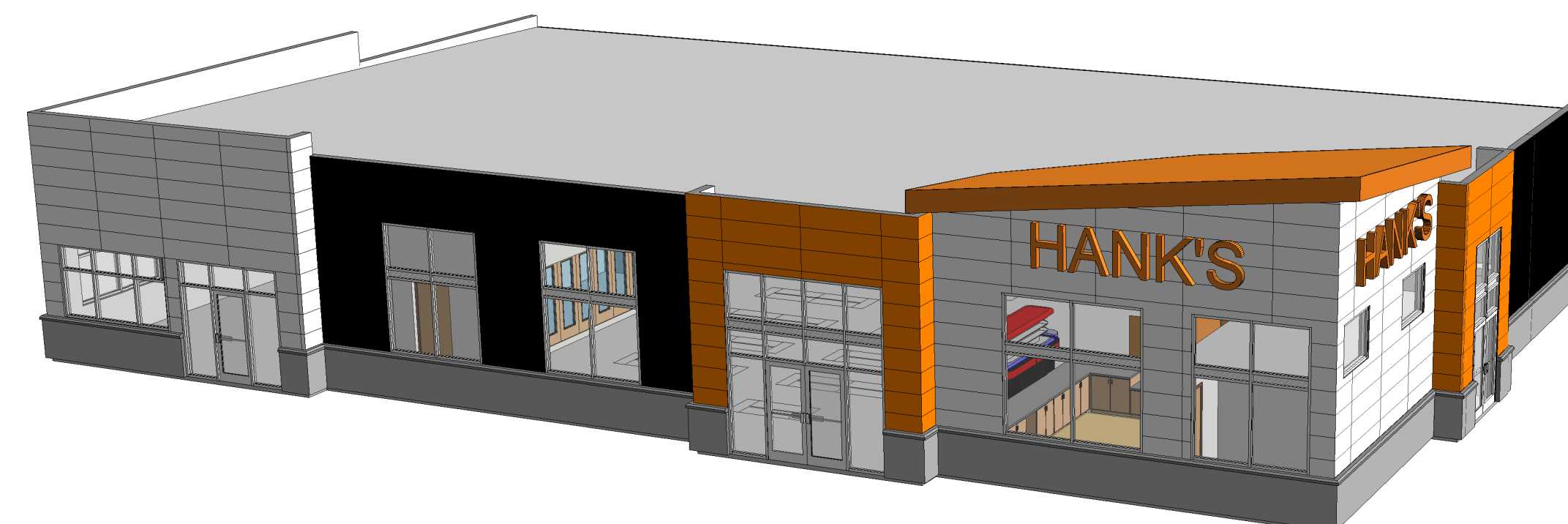
SHEET
A101

GENERAL NOTES

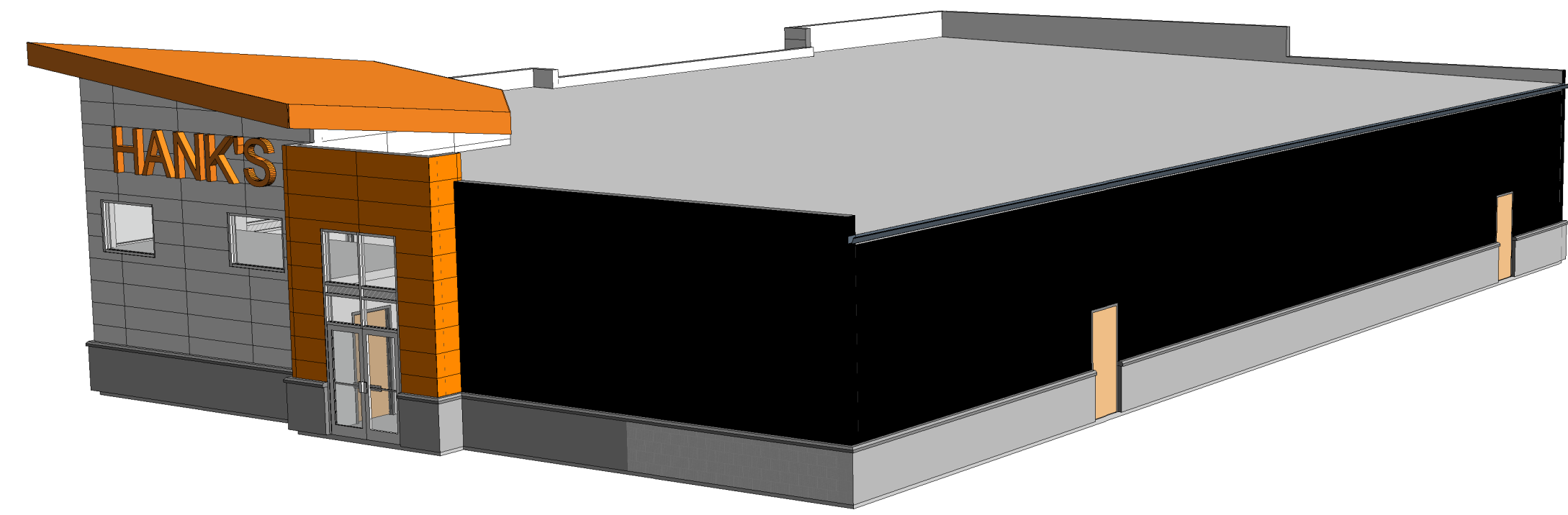
1. RE. CODE PLAN FOR ANALYSIS AND FIRE RATINGS.
2. DO NOT SCALE DRAWINGS. FIELD VERIFY ALL DIMENSIONS. NOTIFY ARCHITECT IMMEDIATELY IF DISCREPANCIES ARE DISCOVERED.
3. INTERIOR DIMENSIONS ARE FROM CENTER OF STUD, FACE OF MASONRY, OR FACE OF CONCRETE. WHERE DIMENSIONS ARE NOTED CLEAR DIMENSIONS ARE TO FINISH FACES.
4. REFER TO SHEET A002 FOR WALL TYPES. REFER TO REFLECTED CEILING PLANS FOR CEILING HEIGHTS. WALL ARE TO TERMINATE AT STRUCTURAL DECK UNLESS NOTED OTHERWISE.
5. PROVIDE BLOCKING AT ALL ACCESSORIES; INCLUDING BUT NOT LIMITED TO GRAB BARS, HARDWARE AND WALL HUNG CABINETS.
6. ROOM NUMBERS SHOWN ON THESE DRAWINGS ARE FOR CONSTRUCTION REFERENCE ONLY. "FINAL" ROOM NUMBERS FOR SIGNAGE, ALARM SCHEDULES, PANEL SCHEDULES, ETC. BE ISSUED AT A LATER DATE AND SHALL BE APPROVED BY THE OWNER.
7. IT IS THE RESPONSIBILITY OF ALL SUBCONTRACTORS TO REVIEW ALL OF THE DRAWINGS INCLUDING ARCHITECTURAL, FOR WORK UNDER THEIR RESPECTIVE CONTRACTS. ROOF PLANS AND RCP'S DESCRIBE MECHANICAL AND ELECTRICAL WORK DIAGRAMMATICALLY AS DO TO THE ARCHITECTURAL DRAWINGS. NO EXTRAS WILL BE ALLOWED FOR WORK SHOWN IN ANY PART OF THESE DRAWINGS, OR DESCRIBED IN ANY PART OF THE PROJECT MANUAL.
8. FLOOR DRAINS TO BE SET 3/4" BELOW FINISH FLOOR.



1 LEVEL 1
1/8" = 1'-0"



2 3D View 3



3 3D View 3 Copy 1