



STATE OF ALABAMA
ALCOHOLIC BEVERAGE CONTROL BOARD
 Confirmation Number: 20260410152224071



NOTICE OF TRANSFER OF ABC LICENSED BUSINESS

NOTE: A Copy of Operating Agreement Must be Attached To Application

CURRENT LICENSEE:
 CEFCO STORES LLC
 Address: 1216 N MCKENZIE ST
 FOLEY, AL 36535
 Telephone: 515-381-5109

NEW APPLICANT:
 CASEYS MARKETING COMPANY
 Address: 1 SE CONVENIENCE BLVD
 ANKENY, IA 50021
 Telephone: 850-577-6957

Current License No: 121514

LICENSED PREMISES ADDRESS: 1216 N MCKENZIE ST FOLEY, AL 36535

THE AFORENAMED HEREBY SERVE NOTICE TO THE ABC BOARD OF THE ATTACHED CONTRACTUAL AGREEMENT GOVERNING THE CONTINUATION OF SALES OF ALCOHOLIC BEVERAGES ON THE LICENSED PREMISES.

The Parties to this agreement hereby acknowledge and affirm that the New (Applicant) Licensee will, at all times, act as the AGENT for the Current (Named) Licensee, and the Current Licensee shall act as PRINCIPAL for the purposes of the attached Agreement. The Principal shall be bound by all acts and/or omissions of the Agent in the operation of the licensed premises.

The Current Licensee is now and shall remain liable for any violations of ABC Rules and Regulations or other Alabama Law for the duration of the attached Agreement; and, further, that the Current Licensee has the right and authority, under Alabama Law, to surrender the ABC License to the ABC Board at any time.

The parties acknowledge that the operation of the licensed premises shall remain subject to inspection by ABC Enforcement, and must comply with all State and Local regulations and Laws, and that the local ABC Enforcement District Office must be immediately notified of any change in the attached Agreement.

THE CURRENT LICENSE WILL NOT BE RENEWED.

WITNESS our hands and seals on this the 13th day of April, 2024.

CURRENT LICENSEE (NAMED ON LICENSE)

NEW LICENSEE (APPLICANT)




 Print Name: Scott Faber, Officer
 Title:



 Print Name: Scott Faber, Officer
 Title:

WITNESS: (By ABC Enforcement) _____
 Revised 9/08



 Notary





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Type License: 050 - RETAIL BEER (OFF PREMISES ONLY)
 070 - RETAIL TABLE WINE (OFF PREMISES ONLY)
 990 - TOBACCO AND ALTERNATIVE NICOTINE PRODUCTS

State: **County:**

Trade Name: CASEYS 4730

Filing Fee:

Applicant: CASEYS MARKETING COMPANY

Transfer Fee: \$150.00

Location Address: 1216 N MCKENZIE ST FOLEY, AL 36535

Mailing Address: 1 SE CONVENIENCE BLVD ANKENY, IA 50021

County: BALDWIN

Tobacco sales: YES

Tobacco Vending Machines:

Product Type: 03

Type Ownership: CORPORATION

Book, Page, or Document info: 00000

Do you sell Draft Beer?: N/A

Date Incorporated: 03/15/1995

State incorporated: IA

County Incorporated: POLK

Date of Authority: 10/03/2024

Federal Tax ID: 42-1435913

Alabama State Sales Tax ID: R012713289

Name:	Title:	Date and Place of Birth:	Residence Address:
PUBLICLY TRADED - IA, POLK	Incorporated:03/15/1995		Authority:10/03/2024

Has applicant complied with financial responsibility ABC RR 20-X-5-.14? YES

Does ABC have any actions pending against the current licensee? NO

Has anyone, including manager or applicant, had a Federal/State permit or license suspended or revoked? NO

Has a liquor, wine, malt or brewed license for these premises ever been denied, suspended, or revoked? NO

Are the applicant(s) named above, the only person(s), in any manner interested in the business sought to be licensed? YES

Stamp: BROWN, 10/03/2024, 10:00 AM, 10/03/2024



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If applicant is leasing the property, is a copy of the lease agreement attached? N/A

Name of Property owner/lessor and phone number: CASEYS MARKETING COMPANY 254-791-0009

What is lessors primary business? CONVENIENCE STORES AND REAL ESTATE

Is lessor involved in any way with the alcoholic beverage business? YES

Is there any further interest, or connection with, the licensee's business by the lessor? YES

Does the premise have a fully equipped kitchen? NO

Is the business used to habitually and principally provide food to the public? NO

Does the establishment have restroom facilities? YES

Is the premise equipped with services and facilities for on premises consumption of alcoholic beverages? NO

Will the business be operated primarily as a package store? NO

Building Dimensions Square Footage: 6000

Display Square Footage:

Building seating capacity: 0

Does Licensed premises include a patio area? NO

License Structure: SINGLE STRUCTURE

License covers: ENTIRE STRUCTURE

Number of licenses in the vicinity:

Nearest:

Nearest school:

Nearest church:

Nearest residence:

Location is within: CITY/TOWN LIMITS

Police protection: CITY



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Initial each

Signature page

SF

In reference to law violations, I attest to the truthfulness of the responses given within the application.

SF

In reference to the Lease/property ownership, I attest to the truthfulness of the responses given within the application.

SF

In reference to ACT No. 80-529, I understand that if my application is denied or discontinued, I will not be refunded the filing fee required by this application.

SF

In reference to Special Retail or Special Events retail license, Wine Festival and Wine Festival Participant Licenses, and Food or Beverage Truck Licenses, I agree to comply with all applicable laws and regulations concerning this class of license, and to observe the special terms and conditions as indicated within the application.

SF

In reference to the Club Application information, I attest to the truthfulness of the responses given within the application.

SF

In reference to the transfer of license/location, I attest to the truthfulness of the information listed on the attached transfer agreement.

SF

In accordance with Alabama Rules & Regulations 20-X-5-.01(4), any social security number disclosed under this regulation shall be used for the purpose of investigation or verification by the ABC Board and shall not be a matter of public record.

SF

The undersigned agree, if a license is issued as herein applied for, to comply at all times with and to fully observe all the provisions of the Alabama Alcoholic Beverage Control Act, as appears in Code of Alabama, Title 28, and all laws of the State of Alabama relative to the handling of alcoholic beverages.

The undersigned, if issued a license as herein requested, further agrees to obey all rules and regulations promulgated by the board relative to all alcoholic beverages received in this State. The undersigned, if issued a license as herein requested, also agrees to allow and hereby invites duly authorized agents of the Alabama Alcoholic Beverage Control Board and any duly commissioned law enforcement officer of the State, County or Municipality in which the license premises are located to enter and search without a warrant the licensed premises or any building owned or occupied by him or her in connection with said licensed premises. The undersigned hereby understands that he or she violate any provisions of the aforementioned laws his or her license shall be subject to revocation and no license can be again issued to said licensee for a period of one year. The undersigned further understands and agrees that no changes in the manner of operation and no deletion or discontinuance of any services or facilities as described in this application will be allowed without written approval of the proper governing body and the Alabama Alcoholic Beverage Control Board.

SF

I hereby swear and affirm that I have read the application and all statements therein and facts set forth are true and correct, and that the applicant is the only person interested in the business for which the license is required.

Applicant Name (print): Scott Faber

Notary Name (print): Mindy Brincks

Signature of Applicant:

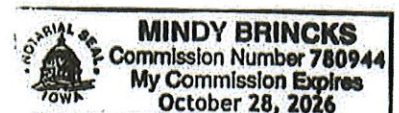
Notary Signature: *Mindy Brincks*

Scott Faber

Commission expires: *October 28, 2026*

Application Taken: App. Inv. Completed:
 Submitted to Local Government:
 Received in District Office: Reviewed by Supervisor:

Forwarded to District Office:
 Received from Local Government:
 Forwarded to Central Office:





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Has any person(s) with any interest, including manager, whether as sole applicant, officer, member, or partner been charged (whether convicted or not) of any law violation(s)?

Name:	Violation & Date:	Arresting Agency:	Disposition:



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Are any of the applicants, whether individual, member of a partnership or association, or officers and directors of a corporation itself, in any manner monetarily interested, either directly or indirectly, in the profits of any other class of business regulated under authority of this act? NO

Does applicant own or control, directly or indirectly, hold lien against any real or personal property which is rented, leased or used in the conduct of business by the holder of any vinous, malt or brewed beverage, or distilled liquors permit or license issued under authority of this act? NO

Is applicant receiving, either directly or indirectly, any loan, credit, money, or the equivalent thereof from or through a subsidiary or affiliate or other licensee, or from any firm, association or corporation operating under or regulated by the authority of this act? NO

Contact Person: KELLY MEADOWS
Business Phone: 850-577-6957
Fax:

Home Phone: 850-577-6957
Cell Phone: 850-577-6957
E-mail: KELLY.MEADOWS@GRAY-ROBINSON.COM

PREVIOUS LICENSE INFORMATION:
Trade Name: CEFCO 439
Applicant: CEFCO STORES LLC

Previous Vendor Number: 121514

21. Does the applicant own the property? Yes No

22. Name of Property Owner/Lessor: Casey's Marketing Company

23. Property Owner/Lessor Phone Number: (254) 791-0009

24. What is lessor's primary business? Convenience Stores and Real Estate

25. Is lessor involved in any way with the alcoholic beverage business? Yes No
If yes, please explain in detail: N/A **PROPERTY OWNER AND APPLICANT ARE THE SAME**

26. Is there any further interest, or connection with, the licensee's business by the lessor? Yes No
If yes, please explain in detail: LEGAL ENTITY **PROPERTY OWNER AND APPLICANT ARE THE SAME**
LEGAL ENTITY

27. Will you be: Selling Retail Manufacturing/Importing Selling Wholesale

28. Which of the following do you plan to sell? Wine Beer Spirits
Tobacco Products and/or Alternative Nicotine Products/Electronic Nicotine Delivery Systems

29. If you selected "Tobacco Products and/or Alternative Nicotine Products/Electronic Nicotine Delivery Systems" above, which product type(s) do you plan to sell:

- (1) Tobacco Products;
- (2) Alternative Nicotine Products and/or Electronic Nicotine Delivery Systems; or
- (3) All of the above

30. Will the business be restricted to those 21 years of age or older? Yes No

31. Will you sell: On-Premises Off-Premises On and Off-Premises

32. Will the business be operated primarily as a package store? Yes No

33. Display square footage: 1,000 34. Building dimensions square footage: 6,000

36. License Structure: Single Structure Shopping Center Single Level Multiple Levels

37. License Covers: Entire Structure Top Floor Bottom Floor or Other:
If other, please explain in detail: _____

38. Is the physical structure of your business completed (pertaining to remodeling, new structures, etc.)? Yes No
If no, please explain in detail: _____

39. Has applicant complied with Financial Responsibility ABC Rules and Regulations 20-X-5-.14 regarding Liquor Liability? Yes No Liquor Liability Expiration Date: 5/1/2026

40. How will you be funding the business? (i.e. loan, individual, business, other?): Corporate business funds

41. Does ABC have any pending actions against you or any member of the applying entity? Yes No
If yes, please explain in detail: _____

42. If a transfer, does ABC have any pending violations against the current licensee? Yes No
If yes, please explain in detail: _____

43. Has anyone, including the manager or applicant, had a Federal/State permit or license suspended or revoked? Yes No
If yes, please explain in detail: _____

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Initial

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Initial