

Date Received: \_\_\_\_\_

## Uniform Alcoholic Beverage License Application

License No. \_\_\_\_\_

Date Issued: \_\_\_\_\_

**A. CORPORATION, LLC OR SOLE PROPRIETOR NAME AND MAILING ADDRESS**

Name		Phone Number	
Address	City	State	Zip

**C. INDICATE CLASS OF LICENSE BEING APPLIED FOR**

(Submit separate application for each class of license).

- |   |  |
|---|--|
| <input type="checkbox"/> Retail (on-sale) Liquor              | <input type="checkbox"/> Retail (on-off sale) Malt |
| <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant | <input type="checkbox"/> Beverage & SD Farm Wine   |
| <input type="checkbox"/> Convention Center (on-sale) Liquor   | <input type="checkbox"/> Package Delivery          |
| <input type="checkbox"/> Package (off-sale) Liquor            | <input type="checkbox"/> Hunting Preserve          |
| <input type="checkbox"/> Retail (on-off sale) Wine and Cider  | <input type="checkbox"/> Other _____               |

Is this license in active use?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? (If yes, please list on additional sheet)	<input type="checkbox"/> YES <input type="checkbox"/> NO

**B. DOING BUSINESS AS NAME AND PHYSICAL ADDRESS**

Name		Phone Number	
Address	City	State	Zip
Is place of business located in a municipality?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
County		_____	
Do you own or lease this property?		<input type="checkbox"/> OWN <input type="checkbox"/> LEASE	
Are real property taxes paid to date?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you of good moral character having never been convicted of a felony?		<input type="checkbox"/> YES <input type="checkbox"/> NO	

**D. LEGAL DESCRIPTION OF LICENSED PREMISE:**

Legal Description:

E. State Sales Tax Number \_\_\_\_\_

F. ☐ New License ☐ Transfer? (\$150) ☐ Re-issuance

**G. CERTIFICATE:** The undersigned applicant certifies under the penalties of perjury that all statements provided herein are correct; that the said applicant complies with all of the statutory requirements for the class of license being applied in SDCL 35-2-2.1 and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date	Print Name	Signature
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**H. APPROVAL OF LOCAL GOVERNING BODY** Notice of hearing was published on \_\_\_\_\_. Public hearing on the application was held \_\_\_\_\_, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local and South Dakota law.

**FOR LOCAL GOVERNMENT USE**

(Seal) Mayor or Chairman	Date
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Renewal—no public hearing held: ☐  
 Establishment is ineligible for video lottery: ☐  
 Amount of fee collected with application: \$\_\_\_\_\_  
 Amount of fee retained: \$\_\_\_\_\_  
 Forwarded with application: \$\_\_\_\_\_

If disapproved, endorse reason thereon and return to applicant

**Uniform Alcoholic Beverage License Application**  
**(For corporate/partnership/LP/LLC applicants)**

Name of corporation/partnership/LP/LLC		
Address of office and principal place of business of corporation/partnership/LP/LLC		
City	State	Zip Code
Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony?		[ ] YES [ ] NO

Name, title of office, occupation, and address of each of the officers/owners of the corporation, partnership, LP or LLC:

Name	Office	Address	Occupation

Name of any officers, directors, partners, or stockholders of applicant having a financial interest or capital stock in any other alcoholic beverage license:

Name	Type of License	License #	Financial Interest Held	Address of Business Location

Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc.?



**With signature the applicant agrees to the following:**

That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to comply therewith, whether by the undersigned corporation, partnership/LP/LLC or by any stockholder thereof, or by anyone interested in said company, shall constitute cause for revocation or suspension of any license issued pursuant to and in reliance on this application, or for refusal to renew such license upon expiration thereof.

We the undersigned officers and directors of the applicant company acknowledge that the within supplement application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other alcoholic beverage license that that expressly set forth above. If company stock is to be transferred we ask for approval of such voluntary stock transfer.

Signature of Authorized Officer/Director/Partner	Date
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