

Date Received _____
Date Issued _____

2016-2017

License No. _____

Uniform Alcoholic Beverage License Application

Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100

A. Owner Name and Mailing Address

AGORA X INC
PO BOX 128
HARRISBURG, SD 57032-0128
Owner's Telephone# :

B. Business Name and Address

Lic #
SAMS BP/GODFATHERS
315 W WILLOW ST
HARRISBURG, SD 57032
Business Telephone #:

C. Indicate the class of license being applied for (submit separate application for each class of license).

- Retail (on-sale) Liquor
- Retail (on-sale) Liquor - Restaurant
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off-sale) Malt Beverage
- Package (off-sale) Malt Beverage & SD Farm Wine
- Other (please classify) _____
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0

Number of other On-sale Liquor Licenses held: 0

Is this License in active use? Yes No

D. Legal description of licensed premise:

*HSGB-Harvest Acres
Lot 6B - BIK 10*

Have you ever been convicted of a felony? Yes No

Do you own or lease this property? (Check one)

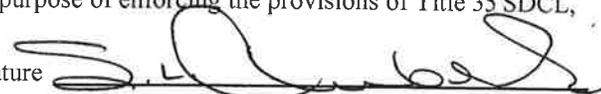
E. State Sales Tax Number: _____

Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent

F. Contact the TTB for Federal Alcohol registration at 1-800-937-8864.

G. New license? _____ Transfer? (\$150) _____ Re-issuance?

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided 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 4-7-16 Print Name Susan Chamberlin Signature 

I. Any application required to be submitted to a local governing board must be signed in the presence of the city or county auditor, the town clerk or notary public. This applies to ALL applications EXCEPT the following: distillers, manufacturers, wholesalers, municipalities, airports, solicitors, dispensers, carriers, transportation companies, and farm wineries.

Place of business is located in a municipality? Yes No County: Lincoln

This application was subscribed and sworn to before me this 7th day of April, 2016

Approving Officer's Telephone Number 605-743-5872 Signature Mary McClung

J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on NA. Public hearing on the application was held NA, 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.

Application approved for Sunday on-sale operation? Yes No

Are real property taxes paid to date? Yes No

Ineligible for video lottery

Number of video lottery terminals on licensed premise: _____

Renewal - no public hearing held

Amount of fee collected with application \$ 300.⁰⁰

Amount of fee retained \$ 150.⁰⁰

Forwarded with application \$ 150.⁰⁰

For Local Government Use

(Seal) _____

Mayor or Chairman

If disapproved, endorse reason thereon and return to applicant

Transferred (State Use)

From _____

Sales tax approval _____ Date _____

STATE LIQUOR AUTHORITY: APPROVAL _____ REVIEW _____