Date Received _____
Date Issued _____

2017

License No. PL-4891

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

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
- [X] 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:

H S G B Harvest Acres
Lot 6B - Blk 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 17 Oct 16 Print Name Susan Chamberlin Signature S. L. Chamberlin

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? [X] Yes [ ] No County: Lincoln

This application was subscribed and sworn to before me this 17th day of October 2016

Approving Officer's Telephone Number 605 743-5872 Signature Alyssa A. Simonek

J. 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.

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: 8

Renewal - no public hearing held [✓]
Amount of fee collected with application $400.00
Amount of fee retained $400.00
Forwarded with application $0.00

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 ____

Please complete reverse side

Company supplement information
(For corporate/partnership/LP/LLC applicants)

If supplement unchanged from last year check this box and sign below. ☑

State of South Dakota)
:ss
County of)

Affidavit

We, the undersigned, being first duly sworn upon oath, supply the following information:

Name of corporation/partnership/LP/LLC_____
Address of office and principal place of business of corporation/partnership/LP/LLC_____
Date of incorporation_____
Date of last report filed with Secretary of State_____
Are all managing officers of this corporation/partnership/LP/LLC of good moral character?_____
Have any of the managing officers of this corporation/partnership/LP/LLC ever been convicted of a felony?_____

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, address and occupation of each of the directors of the corporation:

Name	Address	Occupation

Name and address of each of the stockholders and number of shares owned or held by each:

Name	Address	Percentage of Shares

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other retail liquo outlet:

Name	Type of license of financial interest and address of retail outlet

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 than 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 _____

Subscribed and sworn to before me this 17th of October 2016, Lincoln County, State of South Dakota.

ALYSIA A. SIMUNEK
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

My commission expires 10 2018

_____
(Notary Public)