

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

CASEYS RETAIL COMPANY  
PO BOX 3001  
ANKENY, IA 50021-3001  
Owner's Telephone# :

### B. Business Name and Address

Lic #  
CASEY'S GENERAL STORE #2586  
401 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:

TRACT FIVE GREEN MEADOWS ADDITION TO THE CITY OF HARRISBURG, LINCOLN COUNTY, SOUTH DAKOTA, ACCORDING TO THE RECORDED PLAT THEREOF, TOGETHER WITH AND SUBJECT TO THE BURDENS OF THE MUTUAL ACCESS EASEMENT CREATED BY PLAT X, PAGE 253

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 4-7-2016 Print Name JULIA L. JACKOWSKI, SECRETARY

Signature Julia L. Jackowski

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 municipalities, airports, solicitors, dispensers, carriers, transportation companies, and farm



**CHRIS MCCREEDY**  
Commission Number **158693**  
MY COMM. EXP. 11-29-2017

Place of business is located in a municipality?  Yes [ ] No County: \_\_\_\_\_

This application was subscribed and sworn to before me this 7TH

Approving Officer's Telephone Number \_\_\_\_\_

Signature Chris McCreedy

day of APRIL 2016

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: 0

Renewal - no public hearing held

Amount of fee collected with application \$ \_\_\_\_\_

Amount of fee retained \$ \_\_\_\_\_

Forwarded with application \$ \_\_\_\_\_

### 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