

CONSUME, BUT NOT SELL

<u>EXPLANATION</u>	If you wish to consume, but not sell, any type of alcoholic beverage, permission is required.
<u>FEE</u>	There is no fee for this request.
<u>SCHEDULING</u>	The deadline for such an item would be at 2:00 pm one week prior to a City Council meeting (the Council meets the first, second, and third Tuesdays of every month). Please call the Licensing Specialist for clarification on the exact date. Please allow at least three weeks to receive approval of your request.
<u>HOURS</u>	7 a.m. – 2 a.m., Monday through Sunday.
<u>RESTRICTIONS</u>	<ul style="list-style-type: none"> ✓ You may consume or blend alcoholic beverages. ✓ No sales, in any form, must be made of the alcoholic beverages. ✓ The property must be publicly owned or owned by a nonprofit organization. ✓ Permission to consume, but not sell, cannot exceed 24 hours.
<u>PAPERWORK REQUIRED</u>	No license application is required. However, a letter must be written requesting permission to consume, but not sell (see attached template). This letter must be addressed to the Mayor, as shown, but must be delivered to the Licensing Specialist (contact information below).
<u>CONTACT</u>	Jamie Palmer, Licensing Specialist Licensing Office jpalmer@siouxfalls.org 224 West Ninth Street PO Box 7402 Sioux Falls, SD 57117-7402 (605) 367-8082 - phone (605) 367-7330 - fax
<u>WEBSITE</u>	www.siouxfalls.org Choose “Business” from the top tool bar Choose “Licenses” from the menu on the left Choose “Alcoholic Beverage Licensing and Information”

SAMPLE LETTER

(Current Date)

Mayor Mike Huether
Sioux Falls City Council
City of Sioux Falls
224 West Ninth Street
Sioux Falls, SD 57104-6407

Dear Mayor Huether:

(Name of your organization) is requesting permission to consume, but not sell, (type of alcoholic beverage – liquor, wine, and/or malt beverage) at (location of function), (address), on (day of the week), (date), from (times of event), pursuant to SDCL 35-1-5.5.

(State the purpose of the event.)

Thank you for your consideration.

Sincerely,

(Your Name and Title)

(Name of Organization)

(Mailing Address)

(Phone Number for questions)