



LIQUOR LOTTERY APPLICATION

_____ On-Sale Liquor	_____ Off-Sale Liquor	
Legal Business Name:		
Business Address:		
Legal Description:		
Primary Contact Person's Name:		
Primary Contact Person's Phone:		
Primary Contact Person's email address (required):		
Have you or any of the managing officers been convicted of a felony?	Yes	No
I certify that a copy of the security management plan is attached.	Yes	No
The \$100 application fee (payable to City of Sioux Falls) is enclosed with this lottery application.	Yes	No

CERTIFICATE: The undersigned applicant certifies under penalties of perjury that all statements provided herein are correct to the best of the applicant's knowledge and that this application complies with the legal requirements in Sioux Falls Ordinance Chapter 111.

Date _____ Printed Name _____ Signature _____

Subscribed and sworn to before me this ____ date of _____, _____

(Notary seal) _____ (Notary Public)

My commission expires: _____