

Checklist for Alcohol License

Important: This checklist must be submitted to the Licensing Specialist by **email** to jpalmer@siouxfalls.org or faxed to 367-7330.

TO BE COMPLETED BY THE APPLICANT:

1. ALCOHOL LICENSE TYPE:

Transfer of Existing License:

New License:

On-Sale:
(Alcohol Consumed On Site)

Off-Sale (Packaged):
(Alcohol Purchased to Go)

Beer:

Wine:

Liquor:

Video Lottery: Yes

No

Purpose of Request: _____

Full Service Restaurant? Yes No

Floor Plans (drawn to scale) are attached? Yes No

Applicant Name and Business Name (Print):

Address Where License is to be Located:

Is this space in a multitenant building? Yes No

Was this space formerly occupied by another tenant? Yes No

If yes, list the business name and type of business of the former tenant (retail, office, casino, bar, beauty salon, fitness gym, eating establishment, etc.)

Will the space be newly constructed or remodeled? Yes No

Does the space have a fire sprinkler system? Yes No

Applicant Signature: _____

Contact Phone: _____ Contact Email: _____

Mailing Address: _____

TO BE COMPLETED BY CITY STAFF:

2. ZONING REVIEW: Staff Initial: _____ Date: _____

Zoning District: _____ Zoning Form: _____

Accessory Use: _____

Legal Description: _____

a. Conditional Use in Effect or Predates Ordinance? Yes No
(If NO, see 3.)

b. If YES, Conditional Use Permit Number or Date Established: _____

c. Requires Conditional Use Permit? Yes No

d. Comments: _____

3. PLANNING REVIEW: Staff Initial: _____ Date: _____

a. Planning Commission Action Required? Yes No

b. Type of Action Required: _____

c. Planning Commission Date: _____ Petition No. _____

d. Approved? Yes No Effective Date: _____

4. PLANNING AND DEVELOPMENT SERVICES REVIEW: Staff Initial: _____ Date: _____

New Addition

Proposed Occupancy: _____ Former Occupancy: _____

Remodel Build-out Change in use

Permit Required? Yes No

Comments: _____

The Licensing Specialist will contact you after the departments listed above have completed their review.