

Bar/Lounge Establishment—Permit Application/Renewal

No Annual Fee

The undersigned hereby makes application for a Bar/Lounge Establishment License for the period beginning January 1, 20____, and ending December 31, 20____.

Please type or print in ink

Establishment Name: _____ Business Phone No.: _____

Establishment Address: _____ Zip: _____

Email: _____

Owner Name: _____ Manager Name: _____

Owner Address: _____ Zip: _____

Owner Phone No: _____ Fax: _____

Billing Name: _____ Billing Phone No.: _____

Billing Address: _____ City/State: _____ Zip: _____

If establishment has changed name, list previous name: _____

Signature of Applicant: _____

Submit to:

Sioux Falls Health Department
521 North Main Avenue, Suite 101
Sioux Falls, SD 57104-5963

Office Use Only

Clerk: _____

Date: _____