

## **Special One-Day Alcoholic Beverage Application**

■ Malt (Beer)       \$25 (per day)       ■ Liquor       \$100 (1st day/\$50 each consecutive)         ■ Off-Sale Wine       \$50 (per day)         ■ \$10 Publication Fee       Required         Has event been reviewed by Special Events Committee?       ■ Yes       ■ No       ■ NA         Date(s) of Event:       ■ Event Purpose:       ■
APPLICANT
Applicant Name:  (i.e., civic, charitable, education, or fraternal organization, or alcoholic beverage licensee)
If Alcoholic Beverage Licensee, License Number:
Address:
Phone Number: Email Address:
SD Sales Tax Number:
Have you ever been convicted of a felony?   Yes   No
Is applicant also the contact person?   Yes   No If not, who is the contact person for this application?
Contact Name: Address:
LOCATION OF EVENT WHERE ALCOHOL WILL BE SOLD/SERVED
Business/location Name:
Address:
Legal Description:
The undersigned applicant certified under the penalty of perjury that all statements provided 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.
Applicant's Signature Date
TO BE COMPLETED BY CITY OF SIOUX FALLS
A fee of \$ been paid to the City of Sioux Falls: Receipt # Date:
Notice of Hearing was published on Public Hearing on the application was held on, not less than seven (7) days after official publication. The City Council 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.
□ No Public Hearing Held(Seal)  Mayor

**Submit completed application to:** Jamie L. Palmer, Licensing Specialist, P.O. Box 7402, Sioux Falls, SD 57104. Contact Info: <a href="mailto:jpalmer@siouxfalls.org">jpalmer@siouxfalls.org</a> or 605-367-8082.

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