

****The property must be in compliance with all Planning and Zoning Regulations for a Video Lottery Establishment PRIOR to applying for the "Right to Apply for VL Designation****

APPLICATION

Right to Apply for Video Lottery Designation

ONLY ONE LOCATION ALLOWED PER APPLICATION - MUST BE SUBMITTED TO THE RAPID CITY FINANCE OFFICE NO LATER THAN NOON ON THURSDAY OCTOBER 13, 2022 ALONG WITH A \$1,000 NON-REFUNDABLE APPLICATION FEE

Owner Information (If owner is NOT a sole proprietor/individual, please complete the second page regarding directors/officers/owners.

Name: _____	Phone Number: _____
Address: _____	
City: _____	State: _____ Zip Code: _____
Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you at least 21 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you hold other alcohol licenses with VL designation in Rapid City?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, how many? _____	

Property Information

Property Owner (if different from above): _____			
Phone Number: _____	Address: _____		
City: _____	State: _____	Zip Code: _____	
Legal Description: _____			

Do you currently own or lease this property?	<input type="checkbox"/> Own	<input type="checkbox"/> Lease	<input type="checkbox"/> Neither
Have all Planning & Zoning Requirements already been met?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Certification

<p>The undersigned application certifies under the penalties of perjury that all statements provided herein are correct; and that the said applicant complies with all of the statutory requirements for the class of license they would be applying for under 35-2-2.1.</p> <p>Applicant further acknowledges that, should he/she be successful in obtaining a right to apply for a video lottery designation, said right is non-transferrable as to person or location. In addition, applicant must obtain the appropriate alcohol license and video lottery license for the location described on the winning application form by June 30th of the following year or this right to apply shall be forfeited.</p> <p>Printed Name: _____ Signature: _____</p> <p>Date: _____</p>	
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**Company supplement information
(For corporate/partnership/LP/LLC applicants)**

Name of corporation/partnership/LP LLC _____

Address of office and principal place of business of corporation/partnership/LP/LLC _____

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? ☐ Yes ☐ No

Name, title of office, occupation and address of each of the officers/owners of the corporation, partnership, LP or LLC:

Name	Office	Address	Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other alcoholic beverage license:

Name	Type of License, License Number, Financial Interest Held, and Address of Business Location
_____	_____
_____	_____
_____	_____

Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc?

With signature the applicant agrees to the following:

That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to comply therewith, whether by the undersigned corporation, partnership/LP/LLC or by any stockholder thereof, or by anyone interested in said company, shall constitute cause for revocation or suspension of any license issued pursuant to and in reliance on this application, or for refusal to renew such license upon expiration thereof.

We the undersigned officers and directors of the applicant company acknowledge that the within supplement application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other alcoholic beverage license than that expressly set forth above. If company stock is to be transferred we ask for approval of such voluntary stock transfer.

Signature of Authorized Officer/Director/Partner

Date
