



CITY OF RAPID CITY

RAPID CITY, SOUTH DAKOTA 57701-5035

Finance Office

300 Sixth Street

Telephone: (605) 394-4143

FAX: (605) 394-2232

Web: www.rcgov.org

ALCOHOL BEVERAGE LICENSING INSTRUCTIONS **UNIFORM ALCOHOLIC BEVERAGE LICENSE APPLICATION**

SECTION A: Enter the name or names in which the license is to be issued, the owner address and the owner telephone number. If the business is incorporated, the applicant must file the application in the corporate name and the corporate supplement must be completed on the back of the application. If the business is owned by more than one individual or by a partnership, each owner's name must appear in this section. If the applicant is a non-profit organization, the corporate supplement must be completed with the names of the officers; plus, at least one officer must sign the corporate supplement. **REMEMBER:** The alcohol beverage license and the sales tax license **must be in the same name.**

SECTION B: Enter the business trade name, business address and business telephone number. Include your **Property Tax Identification Number** on the **Routing Sheet** in the space provided. (Real estate taxes, if the liability of the licensee, must be paid or not delinquent.)

SECTION C: Mark the class of License or the transaction involved. Example: If it is an on-sale retail liquor license application, check retail (on-sale) liquor; if the application is for a transfer of a retail liquor license, check retail (on-sale) liquor and transfer. Record the number of liquor licenses in which the applicant has an interest (i.e. sole proprietor, shareholder, partner). Be sure to answer all questions at the bottom of Section C.

SECTION D: Please fill in the legal description of the property that is to be licensed for alcoholic beverage sales. An owner cannot have a felony conviction on their record. **THE APPLICATION WILL BE RETURNED IF THE FELONY QUESTION IS UNANSWERED.**

SECTION E: Alcoholic beverage license and sales tax license must be in the same name. If the sales tax is in arrears or returns not filed, the State will hold the renewal license until the sales tax is current. **REMEMBER: The alcohol beverage license and the sales tax license must be in the same name.**

SECTION F: Self-explanatory. Indicate the transaction involved.

SECTION G: As licensee, please sign the Uniform Alcohol Beverage License Application. If the license is held in the name of a corporation, one of the officer's must sign. If the license is held in a partnership, all owners must sign the application.

SECTION H: This section must be completed by the Finance Office

VIDEO LOTTERY: If Applicable, record the number of video lottery terminals at the licensed location. (This is normally paid for with the malt beverage renewal and not the liquor renewal.)

NEW LICENSES: All alcohol license applications must be submitted to the Rapid City Finance Office for approval by the City Council. If the proposed location is new for on-sale alcohol, a Conditional Use Permit is required. This procedure is handled by the Growth Management Department, and the one-time fee is \$250 for the permit. It is recommended that applicants submit their application for this permit as soon as possible as approval is required by the Planning Commission prior to the license approval.

RETAIL (ON-SALE) LIQUOR – RESTAURANT: Documentation must be provided to prove that the primary source of revenue from the operation of the restaurant will be derived from the sale of prepared food and nonalcoholic beverages and not from the sale of alcoholic beverages.

TRANSFERS: The previous owner’s current license card and an Affidavit of Bulk Sale must be submitted with the transfer application. (If the proposed location is new for on-sale alcohol, a Conditional Use Permit is required. See *NEW LICENSES* for more information.)

CLASS OF LICENSE AND FEES:

Retail (On-Sale) Liquor	\$100,000 (renew \$1,500)
Retail (On-Sale) Liquor, Restaurant	\$295,000 (renew \$1,500)
Convention Center (On-Sale) Liquor	\$295,000 (renew \$1,500)
Package (Off-Sale) Liquor	An amount not less than \$500 as determined pursuant to subsection C.
Retail (On-Off Sale) Wine & Cider	\$500
Retail (On-Off Sale) Malt Beverage & SD Farm Wine	\$300
Package Delivery	\$150
Video Lottery Machine Fee, per machine	\$50
Special Malt Beverage or On Sale Wine License (Non-profit, civic, charitable or fraternal organizations ONLY), per day up to 15 consecutive days	\$50
Special Off-Sale Wine Dealers License (Fair Board, public, civic, charitable, educational or fraternal organization in conjunction with special event within city, selling licensed South Dakota Wines ONLY), per day up to 15 consecutive days	\$50
Special Malt Beverage Retailer and/or On Sale Wine Retailer License (Community playhouse for non-profit organization in conjunction with a theatrical production ONLY) per day up to 60 days in a one year period	\$50

➤ *Please keep in mind that Retail and Package Liquor and Retail Wine licenses renew January 1st each year, and Retail and Package Malt Beverage licenses renew July 1st each year. Rates for new licenses are NOT prorated. If you have questions about this process, please contact the City Finance Office.*

ROUTING SHEET - CITY OF RAPID CITY

The owner(s) or manager must complete the Routing Sheet, and it must be **returned with the application**. To insure accurate processing the following information must be provided on the Routing Sheet: Date of Birth, Social Security Number and Driver’s License Number. **NOTE: the Home Office may complete, sign and notarize the Routing sheet as long as all information pertaining to the local manager is provided. The local manager is not required to complete the sheet as long as the required information is provided by the Home Office.**

If you have any questions, please contact the City Finance Office at (605) 394-4143 or the State Department of Revenue at (605) 773-3311 (Pierre, SD).

Date Received _____
Date Issued _____

License No. _____

Uniform Alcoholic Beverage License Application

A. Owner Name and Address

B. Business Name and Address

Owner's Telephone #: _____

Business Telephone #: _____

C. Indicate the class of license being applied for
(submit separate application for each class of license).

- Retail (on-sale) Liquor
- Retail (on-sale) Liquor - Restaurant
- Convention Center (on-sale) Liquor
- Package (off-sale) Liquor
- Retail (on-off sale) Wine and Cider
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package Delivery
- Hunting Preserve
- Other

Is this license in active use? [] Yes [] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses?

[] Yes [] No **If Yes, please list on the back page.**

Place of business is located in a municipality? [] Yes [] No

County: _____

Do you own or lease this property? [] Own [] Lease

Are real property taxes paid to date? [] Yes [] No

D. Legal description of licensed premise:

Have you ever been convicted of a felony? [] Yes [] No

E. State Sales Tax Number _____

F. New license _____ Transfer? (\$150) _____ Re-issuance _____

G. CERTIFICATE: The undersigned applicant certifies under the penalties 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.

Date _____ Print Name _____ Signature _____

H. APPROVAL OF LOCAL GOVERNING BODY – Notice of hearing was published on _____. Public hearing on the application was held _____, not less than SEVEN (7) days after official publication. The governing body 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.

Renewal - no public hearing held
Amount of fee collected with application \$ _____
Amount of fee retained \$ _____
Forwarded with application \$ _____

No. of Video Lottery Machines (\$50.00 each) _____

For Local Government Use

Transferred (State Use)

From: _____

Sales tax approval _____ Date _____

STATE LIQUOR AUTHORITY:

APPROVAL _____ **REVIEW** _____

(Seal) _____
Mayor or Chairman

If disapproved, endorse reason thereon and return to applicant

Please complete the reverse side if applicable

**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

ROUTING SHEET FOR ALCOHOL LICENSE

Rapid City, South Dakota

City Staff: Please return completed form to the Finance Office by _____

Name of Business: _____

PROPERTY TAX IDENTIFICATION NUMBER: _____

Local Manager: _____

Local Address: _____

Home Telephone: _____ Business Telephone: _____ Date of Birth: _____

Social Security Number: _____ Driver's License No.: _____

Employer, Address, Telephone for preceding 3 years (**New Applicants Only**)

Previous Criminal Record: _____

CORPORATE INFORMATION: (If directors of corporation reside outside of Rapid City, fill out above information about local representative or manager.)

Corporate Officers:	Date of Birth	Social Security Number
Name: _____	_____	_____

I hereby authorize the Rapid City Police Department to conduct an investigation into my complete history, including former employment together with any and all information concerning my ability, personal character, credit, arrest record, etc. I hereby release any law enforcement agency, company corporation, or individual from all liability for furnishing information concerning me in response to this investigation. I also understand and agree to submit to a polygraph examination if I am requested to do so as a part of my background investigation.

Signature

Subscribed to before me this _____ day of _____, _____.

Notary Public

Commission Expires: _____

FIRE DEPARTMENT:

Approval _____

Recommend Denial: _____

Date: _____

Fire Department Representative

POLICE DEPARTMENT:

Approval _____

Disapproval _____

Police Chief (or Representative)