



CITY OF RAPID CITY

RAPID CITY, SOUTH DAKOTA 57701-5035

Finance Office Department

300 Sixth Street

Telephone: (605) 394-4143

FAX: (605) 394-2232

Web: www.rcgov.org

UNIFORM ALCOHOLIC BEVERAGE LICENSE APPLICATION ALCOHOL BEVERAGE LICENSING INSTRUCTIONS

FOR

SPECIAL EVENT

(November 27, 2015)

SECTION A: Enter the name, business address and phone number of the non-profit organization in which the license is to be issued. The corporate supplement on the reverse side of the application must be completed with the names of the officers; plus, at least one officer must sign the corporate supplement.

SECTION B: Enter the name of the non-profit organization, the location address where the Special Event will be hosted and a contact phone number.

SECTION C: Mark the class of Special Event license(s) being applied for. Answer all questions at the bottom of Section C.

ON-SALE LICENSES

- **Special event malt beverage retailer @ \$50** – available to civic, charitable, educational, fraternal, or veterans organization or any licensee licensed pursuant to § 5.12.030A. subsections 1 and 6.
- **Special event on-sale wine retailer @ \$50** – available to civic, charitable, educational, fraternal, or veterans organization or any licensee licensed pursuant to § 5.12.030A. subsections 1, or 9, or to a person licensed by the Department of Revenue under SDCL ch. 35-12.
- **Special event on-sale dealer @ \$150** – available to civic, charitable, educational, fraternal, or veterans organization or any licensee licensed pursuant to § 5.12.030A.1.

OFF-SALE LICENSES

- **Special event off-sale package wine dealer @ \$50** – available in the following situations: a) Any civic, charitable, educational, fraternal, or veterans organization or any licensee licensed pursuant to § 5.12.030A. subsections 5, 8, 9, or licensed pursuant to SDCL 35-4-2(19) or SDCL ch. 35-12 that sells only wine manufactured by a farm winery that is licensed pursuant to SDCL ch. 35-12; or b) Any civic, charitable, educational, fraternal, or veterans organization in conjunction with a special event conducted pursuant to § 5.12.035.E. Certification Required
- **Special Event off-sale package malt beverage dealer @ \$50** - available to any civic, charitable, educational, fraternal, or veterans organization in conjunction with a special event conducted pursuant to § 12.035.E. Certification Required
- **Special Event off-sale package dealer @ \$150** - available to any civic, charitable, educational, fraternal, or veterans organization in conjunction with a special event conducted pursuant to § 5.12.035.E. Certification Required

SECTION D: The legal description of the licensed premises is required by law. The questions regarding felony conviction and own/lease of the premises must be completed.



EQUAL HOUSING
OPPORTUNITY

EQUAL OPPORTUNITY EMPLOYER

SECTION E: If applicable, the South Dakota State Sales Tax number for the business must be recorded in this section. **REMEMBER: The alcohol beverage license and the sales tax license must be in the same name.**

SECTION G: Self-explanatory - NEW

SECTION H: If the applicant is a non-profit organization, an officer of the organization must sign this section in the presence of the city auditor, town clerk or Notary Public.

SECTION I: Notary Public for Section H. The City Finance Office can notarize the application when SECTION H is signed in the Finance Office.

SECTION J: The Finance Office will complete this section.

NEW LICENSES: All alcohol license applications must be submitted to the Rapid City Finance Office for approval by the City Council. The appropriate fees must accompany the application.

CLASS OF LICENSE AND FEES:

On-Sale Licenses

- Special event malt beverage retailer - \$50.
- Special event on-sale wine retailer - \$50.
- Special event on-sale dealer - \$150.

Off-Sale Licenses

- Special event off-sale package wine dealer - \$50.
- Special event off-sale package malt beverage dealer - \$50
- Special event off-sale package dealer - \$150

ADDENDUM – SPECIAL EVENT ALCOHOLIC BEVERAGE LICENSE APPLICATION: The application must complete the form in full:

- **Type of License(s) applied for:** The appropriate box/boxes must be checked indicating the service(s) requested.
- **Certification for Licenses 4(b), 5 and 6:** The appropriate box/boxes must be checked for service(s) that involve donated alcoholic beverages. The certification must be signed.
- **Certification:** The appropriate box must be checked indicating the organization's compliance with the statutory requirements for the class of license(s) requested.

The form must be notarized; the City Finance Office can notarize the form only when the form is signed in the Finance Office. If you have any questions, please contact the City Finance Office at (605) 394-4143.

ROUTING SHEET FOR ALCOHOL LICENSE - CITY OF RAPID CITY: The applicant must complete the form in full. The form must be notarized; the City Finance Office can notarize the form only when the form is signed in the Finance Office. The information required will be used by the Rapid City Police and Fire Departments during their background investigations and structure inspections. If you have any questions, please contact the City Finance Office at (605) 394-4143.

Date Received _____

Date Issued _____ DATE (S) _____

Uniform Alcoholic Beverage License Application

Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100.

A. Owner Name and Address

[Empty box for Owner Name and Address]

Owner's Telephone #: _____

B. Business Name and Address

[Empty box for Business Name and Address]

Business Telephone #: _____

C. Indicate the class of Special Event License(s) being applied for

On-Sale Licenses

- Special Event Malt Beverage Retailer \$50
Special Event On-Sale Wine Retailer \$50
Special Event On-Sale Dealer \$150

Off-Sale Licenses

- Special Event Off-Sale Package Wine Dealer* \$50
Special Event Off-Sale Package Malt Beverage Dealer* \$50
Special Event Off-Sale Package Dealer* \$150

*Certification: All donated alcoholic beverages have been purchased by the donor from a licensed South Dakota retailer (initial)

Number of other Package Liquor Licenses held: _____

Number of other On-sale Liquor Licenses held: _____

Is this License in active use? Yes No

D. Legal description of licensed premise:

[Empty box for Legal description of licensed premise]

Have you ever been convicted of a felony? Yes No

Do you own or lease this property? (Check one)

E. State Sales Tax Number: _____

F. Remember to obtain a Federal Alcohol Stamp, for help call TTB at 1-800-937-8864.

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

H. 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.

Signed this ___ day of _____ Signature _____

I. Any Application required to be submitted to a local governing board must be signed in the presence of the city or county auditor, the town clerk or notary public. This applies to ALL applications EXCEPT the following: distillers, manufacturers, wholesalers, municipalities, airports, solicitors, dispensers, carriers, transportation companies, and farm wineries.

Place of business is located in a municipality? Yes No County: _____

This application was subscribed and sworn to before me this ___ day of _____

Approving Officer's Telephone number _____ Signature: _____

J. 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.

Application approved for Sunday on-sale operation? Yes No

Are real property taxes paid to date? Yes No

Ineligible for video lottery

Number of video lottery terminals on licensed premise: _____

Amount of fee collected with application \$ _____

Amount of fee retained \$ _____

Forwarded with application \$ _____

For Local Government Use

(Seal) _____

Mayor or Chairman

If disapproved, endorse reason thereon and return to applicant

Transferred (State Use)

From: _____

Sales tax approval _____ Date _____

STATE LIQUOR AUTHORITY: APPROVAL REVIEW

Company supplement information
(For corporate/partnership/LP/LLC applicants)
 If supplement unchanged from last year check this box and sign below.

State of South Dakota)
)
 :ss
 County of)

Affidavit

We, the undersigned, being first duly sworn upon oath, supply the following information:

Name of corporation/partnership/LP/LLC _____
 Address of office and principal place of business of corporation/partnership/LP/LLC _____
 Date of incorporation _____
 Date of last report filed with Secretary of State _____
 Are all managing officers of this corporation/partnership/LP/LLC of good moral character? _____
 Have any of the managing officers of this corporation/partnership/LP/LLC ever been convicted of a felony? _____

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, address and occupation of each of the directors of the corporation:

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

Name and address of each of the stockholders and number of shares owned or held by each:

Name	Address	Percentage of Shares
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other retail liquo outlet:

Name	Type of license of financial interest and address of retail outlet
_____	_____
_____	_____

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 _____

Subscribed and sworn to before me this _____ of _____, _____ County, State of South Dakota.

My commission expires _____ (Notary Public)

ADDENDUM
SPECIAL EVENT ALCOHOLIC BEVERAGE LICENSE APPLICATION
SPECIAL EVENT DATE(S) _____

Owner/Business Name _____
Owner/Business Address _____
Owner/Business City/State/ZIP _____
Owner/Business Phone _____

Event Location: _____

Type of License(s) applied for:

- 1. *Special event malt beverage retailer.* Special event malt beverage retailers licenses are available to any civic, charitable, educational, fraternal, or veterans organization or any licensee licensed pursuant to § 5.12.030A. subsections 1 and 6.
- 2. *Special event on-sale wine retailer.* Special on-sale wine retailers licenses are available to any civic, charitable, educational, fraternal, or veterans organization or any licensee licensed pursuant to § 5.12.030A. subsections 1, or 9, or to a person licensed by the Department of Revenue under SDCL ch. 35-12.
- 3. *Special event on-sale dealer.* Special on-sale dealer licenses are available to any civic, charitable, educational, fraternal, or veterans organization or any licensee licensed pursuant to § 5.12.030A.1.
- 4. *Special event off-sale package wine dealer.* Special off-sale package wine dealers licenses are available in the following situations:
a) Any civic, charitable, educational, fraternal, or veterans organization or any licensee licensed pursuant to § 5.12.030A. subsections 5, 8, 9, or licensed pursuant to SDCL 35-4-2(19) or SDCL ch. 35-12 that sells only wine manufactured by a farm winery that is licensed pursuant to SDCL ch. 35-12; or b) Any civic, charitable, educational, fraternal, or veterans organization in conjunction with a special event conducted pursuant to § 5.12.035.E. Subject to Certification Below
- 5. *Special Event off-sale package malt beverage dealer.* Special off-sale package malt beverage dealer licenses are available to any civic, charitable, educational, fraternal, or veterans organization in conjunction with a special event conducted pursuant to § 5.12.035.E. Subject to Certification Below
- 6. *Special Event off-sale package dealer.* Special off-sale package dealers license is available to any civic, charitable, educational, fraternal, or veterans organization in conjunction with a special event conducted pursuant to § 5.12.035.E. Subject to Certification Below

CERTIFICATION for Licenses 4(b), 5 and 6: The undersigned applicant certifies that the civic, charitable, educational, fraternal, or veterans organization has accepted donated wine, malt beverages, or alcoholic beverages, as applicable to the above identified license, from members of the public to be sold at the special event and that said donated alcoholic beverage has been purchased by the donor from a licensed South Dakota retailer.

Dated this _____ day of _____, 20____ Signature _____

CERTIFICATION: 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 as a: Civic; Charitable; Educational; Fraternal; Veterans organization; or, A licensee licensed pursuant to SDCL.

Dated this _____ day of _____, 20____ Signature _____

State of South Dakota)
County of Pennington)

Subscribed and sworn to before me this _____ day of _____ 20____.

(seal)

Signature – Notary Public
My Commission Expires: _____

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: _____

CONTACT E-Mail: _____

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: _____	_____	_____
Name: _____	_____	_____
Name: _____	_____	_____
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)