

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2494

## 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 Mailing Address

SHE BE, INC  
PO BOX 2025  
NORTH SIOUX CITY, SD 57049-2025  
Owner's Telephone# :

### B. Business Name and Address

Lic # RB-2494  
SUB-OS CASINO  
200 MILITARY RD STE 6  
NORTH SIOUX CITY, SD 57049-3170  
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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off-sale) Malt Beverage
- Package (off-sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0

Number of other On-sale Liquor Licenses held: 1

Is this License in active use?  Yes [ ] No

### D. Legal description of licensed premise:

*Lots 1-2-3 and Plat of outlot 1 and outlot 2 and NW 1/4 of outlot 3 all in Gov't lot less Hnttract 2 14-89-48*

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

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

E. State Sales Tax Number: 1030-4820-STC

**Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent**

F. Contact the TTB for Federal Alcohol registration 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 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 5/16/18 Print Name Kimberly G. Galt Signature [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: \_\_\_\_\_

Renewal - no public hearing held

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 \_\_\_\_\_

Please complete reverse side

**Company supplement information**  
**(For corporate/partnership/LP/LLC applicants)**

If supplement unchanged from last year check this box and sign below.

**Affidavit**

State of South Dakota )  
:ss

County of )

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)

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-3669

## 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 Mailing Address

SHE BE, INC  
PO BOX 2025  
NORTH SIOUX CITY, SD 57049-2025  
Owner's Telephone# :

### B. Business Name and Address

Lic # RB-3669  
RENO CASINO  
118 MILITARY RD STE 7  
NORTH SIOUX CITY, SD 57049-3169  
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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off-sale) Malt Beverage
- Package (off-sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0

Number of other On-sale Liquor Licenses held: 1

Is this License in active use?  Yes  No

### D. Legal description of licensed premise:

*Lot 1-2-3 and Plat of outlot 1 and  
outlot 2 and NW 1/4 of outlot 3  
all in gov't lot less Hart Tract 2  
14-89-45*

Have you ever been convicted of a felony?  Yes  No

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

E. State Sales Tax Number: 1030-4821-STC

**Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent**

F. Contact the TTB for Federal Alcohol registration 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 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 5/16/18 Print Name Kimberly Culey 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: \_\_\_\_\_

Renewal - no public hearing held

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 \_\_\_\_\_

Please complete reverse side



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2387

## 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 Mailing Address

SHE BE INC  
PO BOX 2025  
NORTH SIOUX CITY, SD 57049-2025  
Owner's Telephone# :

### B. Business Name and Address

Lic # RB-2387  
4 ACES CASINO  
118 MILITARY RD STE 8  
NORTH SIOUX CITY, SD 57049-3169  
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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off-sale) Malt Beverage
- Package (off-sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0  
Number of other On-sale Liquor Licenses held: 1  
Is this License in active use?  Yes  No

### D. Legal description of licensed premise:

*Lots 1-2-3 and Plat of Outlot 1 and outlot 2 and NW 1/4 of outlot 3, a 11 in gov't lot less Hart Tract 2 14-59-49*

Have you ever been convicted of a felony?  Yes  No  
Do you own  or lease  this property? (Check one)

E. State Sales Tax Number: 1030-4823-STC

**Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent**

F. Contact the TTB for Federal Alcohol registration 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 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 5/16/18 Print Name Kimberly Luker 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: \_\_\_\_\_

Renewal - no public hearing held

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.

**Affidavit**

State of South Dakota \_\_\_\_\_ )  
:ss  
County of \_\_\_\_\_ )

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)

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2879

## 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 Mailing Address

SHE BE INC  
PO BOX 2025  
NORTH SIOUX CITY, SD 57049-2025  
Owner's Telephone# :

### B. Business Name and Address

Lic # RB-2879  
ELK-O CASINO  
118 MILITARY RD STE 10  
NORTH SIOUX CITY, SD 57049-3169  
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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off-sale) Malt Beverage
- Package (off-sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0  
Number of other On-sale Liquor Licenses held: 1  
Is this License in active use?  Yes [ ] No

### D. Legal description of licensed premise:

*Lots 1-2-3 and Plat of outlot 1 and outlot 2 and NW 1/4 of outlot 3 all in gov't lot less tract 2 14-89-48*

Have you ever been convicted of a felony? [ ] Yes  No  
Do you own  or lease [ ] this property? (Check one)

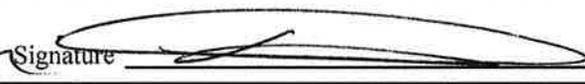
E. State Sales Tax Number: 1030-4825-STC

**Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent**

F. Contact the TTB for Federal Alcohol registration 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 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 5/16/18 Print Name Kimberly Lucke 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: \_\_\_\_\_

Renewal - no public hearing held

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 \_\_\_\_\_

Please complete reverse side



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2888

## 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 Mailing Address

SHE BE, INC  
PO BOX 2025  
NORTH SIOUX CITY, SD 57049-2025  
Owner's Telephone# :

### B. Business Name and Address

Lic # RB-2888  
FARRER CASINO  
122 MILITARY RD STE 11  
NORTH SIOUX CITY, SD 57049-3169  
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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off-sale) Malt Beverage
- Package (off-sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0

Number of other On-sale Liquor Licenses held: 0

Is this License in active use?  Yes [ ] No

### D. Legal description of licensed premise:

*hart tracts land 2 of lots 2 and 3 of  
Auditors Plat of outlot 1 of govt  
lot 2  
14-89-*

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

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

E. State Sales Tax Number: 1030-4827-STC

**Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent**

F. Contact the TTB for Federal Alcohol registration 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 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 5/16/18 Print Name Kimberly Luker 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: \_\_\_\_\_

Renewal - no public hearing held

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 \_\_\_\_\_

Please complete reverse side

**Company supplement information**  
**(For corporate/partnership/LP/LLC applicants)**

If supplement unchanged from last year check this box and sign below

**Affidavit**

State of South Dakota )  
 )  
:ss  
County of )

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)

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2910

## Uniform Alcoholic Beverage License Application

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

<b>A. Owner Name and Mailing Address</b>  SHE BE, INC PO BOX 2025 NORTH SIOUX CITY, SD 57049-2025 Owner's Telephone# : _____	<b>B. Business Name and Address</b>  Lic # RB-2910 CONLEY CASINO 122 MILITARY RD STE 12 NORTH SIOUX CITY, SD 57049-3169 Business Telephone #: _____
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<b>C. Indicate the class of license being applied for</b> (submit separate application for each class of license). <input type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input checked="" type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: <u>0</u> Number of other On-sale Liquor Licenses held: <u>1</u> Is this License in active use? <input checked="" type="checkbox"/> Yes [ ] No	<b>D. Legal description of licensed premise:</b> <i>Hart Tracts 1 and 2 of Lots 2 and 3          of auditors plat #19 of out lot 1 of gov't          Lot 2          14-89-48</i> Have you ever been convicted of a felony? [ ] Yes <input checked="" type="checkbox"/> No Do you own <input checked="" type="checkbox"/> or lease [ ] this property? (Check one) <b>E. State Sales Tax Number:</b> <u>1030-4828-STC</u> <b>Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent</b> <b>F. Contact the TTB for Federal Alcohol registration at</b> 1-800-937-8864. <b>G. New license?</b> _____ <b>Transfer? (\$150)</b> _____ <b>Re-issuance?</b> <input checked="" type="checkbox"/>
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**H. CERTIFICATE:** The undersigned applicant certifies under the penalties of perjury that all statements 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 5/16/19 Print Name Kimberly LUNCA 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: \_\_\_\_\_  
Renewal - no public hearing held   
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 )  
 )  
 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)

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2404

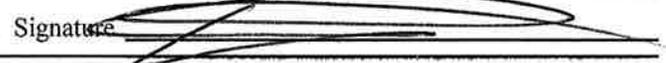
## Uniform Alcoholic Beverage License Application

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

<b>A. Owner Name and Mailing Address</b>  SHE BE, INC PO BOX 2025 NORTH SIOUX CITY, SD 57049-2025 Owner's Telephone# : _____	<b>B. Business Name and Address</b>  Lic # RB-2404 STEPH-O'S CASINO 118 MILITARY RD STE 9 NORTH SIOUX CITY, SD 57049-3169 Business Telephone #: _____
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<b>C. Indicate the class of license being applied for</b> (submit separate application for each class of license). <input type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input checked="" type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: <u>0</u> Number of other On-sale Liquor Licenses held: <u>1</u> Is this License in active use? <input checked="" type="checkbox"/> Yes [ ] No	<b>D. Legal description of licensed premise:</b> <i>Lots 12-3 and plat of outlot 1 and outlot 2 and NW 1/4 of outlot 3 all Gov't lot less Hart tract 2 14-89-48</i> Have you ever been convicted of a felony? [ ] Yes <input checked="" type="checkbox"/> No Do you own <input checked="" type="checkbox"/> or lease [ ] this property? (Check one) <b>E. State Sales Tax Number:</b> <u>1030-4824-STC</u> <b>Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent</b> <b>F. Contact the TTB for Federal Alcohol registration at</b> 1-800-937-8864. <b>G. New license?</b> _____ <b>Transfer? (\$150)</b> _____ <b>Re-issuance?</b> <input checked="" type="checkbox"/>
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**H. CERTIFICATE:** The undersigned applicant certifies under the penalties of perjury that all statements 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 5/16/18 Print Name Kimberly LaKet 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: \_\_\_\_\_  
Renewal - no public hearing held   
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 )

**Affidavit**

County of )

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

Name of corporation/partnership/LP/LLC She Be, Inc  
Address of office and principal place of business of corporation/partnership/LP/LLC 200 Military Road, NYC, SD 57049  
Date of incorporation 2/21/1989  
Date of last report filed with Secretary of State 2/26/18  
Are all managing officers of this corporation/partnership/LP/LLC of good moral character? yes  
Have any of the managing officers of this corporation/partnership/LP/LLC ever been convicted of a felony? 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
<u>Kimberly Lutken</u>	<u>President</u>	<u>48260 SD Hwy 105 Jefferson, SD 57038</u>	<u>Self-employed</u>

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

Name	Address	Occupation
<u>Kimberly Lutken</u>	<u>48260 SD Highway 105 Jefferson, SD 57038</u>	<u>Self employed</u>

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

Name	Address	Percentage of Shares
<u>Kimberly Lutken</u>	<u>48260 SD Highway 105 Jefferson SD 57038</u>	<u>100%</u>

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
<u>None</u>	

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

Craig Huff Law Firm 711 Snow Point Rd. Ste 200  
Dakota Dunes, SD  
57049

**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)

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2892

## Uniform Alcoholic Beverage License Application

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

<b>A. Owner Name and Mailing Address</b>  SHE BE INC PO BOX 2025 NORTH SIOUX CITY, SD 57049-2025 Owner's Telephone# : _____	<b>B. Business Name and Address</b>  Lic # RB-2892 BEANO & SHERRYS SALOON 200 MILITARY RD NORTH SIOUX CITY, SD 57049-3170 Business Telephone #: (605) 232-9077
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<b>C. Indicate the class of license being applied for</b> (submit separate application for each class of license). <input type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input checked="" type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: <u>0</u> Number of other On-sale Liquor Licenses held: <u>1</u> Is this License in active use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>D. Legal description of licensed premise:</b> <i>Lots 1-2-3 and Plat of outlot 1 and outlot 2 and NW 1/4 of outlot 3 all in Govt lot less Hart tract 2 14-89-98</i>  Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own <input type="checkbox"/> or lease <input type="checkbox"/> this property? (Check one) E. State Sales Tax Number: <u>1015-7876-ST</u> <b>Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent</b> F. Contact the TTB for Federal Alcohol registration at 1-800-937-8864. G. New license? _____ Transfer? (\$150) _____ Re-issuance? <input checked="" type="checkbox"/>
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**H. CERTIFICATE:** The undersigned applicant certifies under the penalties of perjury that all statements 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 5/16/16 Print Name Kimberly Leaker 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: \_\_\_\_\_

Renewal - no public hearing held   
 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.



**Affidavit**

State of South Dakota \_\_\_\_\_ )

:ss

County of \_\_\_\_\_ )

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
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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)

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2470

## 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 Mailing Address

SHE BE INC  
PO BOX 2025  
NORTH SIOUX CITY, SD 57049-2025  
Owner's Telephone# :

### B. Business Name and Address

Lic # RB-2470  
SHERRY-O'S CASINO  
200 MILITARY RD STE 2  
NORTH SIOUX CITY, SD 57049-3170  
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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off-sale) Malt Beverage
- Package (off-sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0

Number of other On-sale Liquor Licenses held: 1

Is this License in active use?  Yes [ ] No

### D. Legal description of licensed premise:

*lots 1-2-3 and Plat of Outlot 1 and outlot 2, and NW 1/4 of Outlot 3 all in govt. lot 1885 Hart tract 2 14-89-48*

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

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

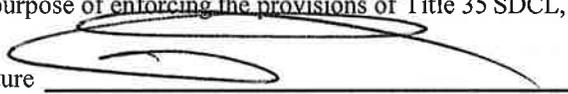
E. State Sales Tax Number: 1030-4816-STC

**Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent**

F. Contact the TTB for Federal Alcohol registration 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 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 5/16/18 Print Name Kimberly Baker 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: \_\_\_\_\_

Renewal - no public hearing held

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 \_\_\_\_\_



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2469

## 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 Mailing Address**

SHE BE, INC  
PO BOX 2025  
NORTH SIOUX CITY, SD 57049-2025  
Owner's Telephone# :

**B. Business Name and Address**

Lic # RB-2469  
WHISKEY JOE'S CASINO  
200 MILITARY RD STE 3  
NORTH SIOUX CITY, SD 57049-3170  
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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off-sale) Malt Beverage
- Package (off-sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0

Number of other On-sale Liquor Licenses held: 1

Is this License in active use?  Yes [ ] No

**D. Legal description of licensed premise:**

*Lots 1-2-3 and Plat of Outlot 1 and outlot 2 and NW 1/4 of outlot 3 all in Govt lot less Hart tract 2  
14-89-48*

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

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

E. State Sales Tax Number: 1030-4817-STC

**Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent**

F. Contact the TTB for Federal Alcohol registration 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 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 5/16/18 Print Name Kimberly Luker 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: \_\_\_\_\_

Renewal - no public hearing held

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 \_\_\_\_\_



Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2452

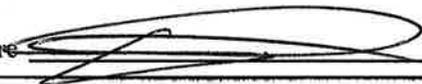
## Uniform Alcoholic Beverage License Application

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

<b>A. Owner Name and Mailing Address</b>  SHE BE INC PO BOX 2025 NORTH SIOUX CITY, SD 57049-2025 Owner's Telephone# : _____	<b>B. Business Name and Address</b>  Lic # RB-2452 TRIN-O'S CASINO 200 MILITARY RD STE 4 NORTH SIOUX CITY, SD 57049-3170 Business Telephone #: _____
--	--

<b>C. Indicate the class of license being applied for</b> (submit separate application for each class of license). <input type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input checked="" type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: <u>0</u> Number of other On-sale Liquor Licenses held: <u>1</u> Is this License in active use? <input checked="" type="checkbox"/> Yes [ ] No	<b>D. Legal description of licensed premise:</b> <i>Lots 1, 2, 3 and Plat of Outlot 1 and Outlot 2 and NW 1/4 of outlot 3 all in Gov't lotless Hart Tract 2 14-89-48</i>  Have you ever been convicted of a felony? [ ] Yes <input checked="" type="checkbox"/> No Do you own [ ] or lease [ ] this property? (Check one) <b>E. State Sales Tax Number:</b> <u>1030-4818-STC</u> <b>Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent</b> <b>F. Contact the TTB for Federal Alcohol registration at</b> 1-800-937-8864. <b>G. New license?</b> _____ <b>Transfer? (\$150)</b> _____ <b>Re-issuance?</b> <input checked="" type="checkbox"/>
--	--

**H. CERTIFICATE:** The undersigned applicant certifies under the penalties of perjury that all statements 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 5/16/18 Print Name Cambridge Luker 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: \_\_\_\_\_  
Renewal - no public hearing held   
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 )  
 )  
 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)

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

# 2018-2019

License No. RB-2566

## 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 Mailing Address**

SHE BE, INC  
PO BOX 2025  
NORTH SIOUX CITY, SD 57049-2025  
Owner's Telephone# :

**B. Business Name and Address**

Lic # RB-2566  
KIMB-O'S CASINO  
200 MILITARY RD STE 5  
NORTH SIOUX CITY, SD 57049-3170  
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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off-sale) Malt Beverage
- Package (off-sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0  
Number of other On-sale Liquor Licenses held: 1  
Is this License in active use?  Yes [ ] No

**D. Legal description of licensed premise:**

*Lots 1-2-3 and part of outlot 1 and outlot 2 an NW 1/4 of outlot 3 all in 600' x 101' less Hart Tract 2 14-89-48*

Have you ever been convicted of a felony? [ ] Yes  No  
Do you own  or lease [ ] this property? (Check one)

E. State Sales Tax Number: 1030-4819-STC

**Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent**

F. Contact the TTB for Federal Alcohol registration 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 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 5/16/18 Print Name Kimberly Lyken 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: \_\_\_\_\_

Renewal - no public hearing held

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)



## City Council MEMO

504 River Drive  
North Sioux City, SD 57049  
Phone (605) 232-4276  
Fax (605) 232-0506

To: North Sioux City – City Council  
From: Ted Cherry, City Administrator  
Date: 5/21/2018  
Re: American Legion Signage at Senior Center

---

**Background:** The Legion had further questions they wanted to address with the Council regarding their proposed signage at the Senior Center. The ideas about waiting until a decision was made regarding painting the center as well as a proposed mutual sign between the Senior Center and the American Legion were both presented to Doug Jansen.

**Financial Consideration:** None

**Recommendation:** N/A

Picture scale: approx. 3/16" = 1'



<b>ACE Sign DISPLAYS</b>	402.494.4555	Scale: 1/2" = 1' 0"
So. Sioux City, NE 68776	800.889.4555	<b>Design: #064.18A</b>
Fax 402.494.1490	Salesman: Chad Umland	File:AmLegion319.MAR-APR18
<small>This design is property of Ace Sign Displays. All rights reserved until sold.</small>		

I authorize ACE SIGN DISPLAYS to complete the work as outlined in this artwork \_\_\_\_\_



# City Council MEMO

504 River Drive  
North Sioux City, SD 57049  
Phone (605) 232-4276  
Fax (605) 232-0506

To: North Sioux City – City Council  
From: Ted Cherry, City Administrator  
Date: 5/21/2016  
Re: Public Access Boat Ramp Discussion

---

**Background:** In 2013 the City Council initiated having a boat launch fee at the public boat dock to regulate the public access boat ramp area. In 2014 There have been questions asked about the charges for the access.

Currently the charges for the boat ramp are \$10 for a day pass and \$30 for a season pass. The revenue in 2017 was \$9,195.

Expenditures are more difficult to gauge, but efforts have been made to quantify them using a March to November timeframe. The internet costs \$109 per month for a total of \$1,308 per year. In 2017 the credit card machine charged the city \$260. We have to purchase approximately 2 new arms each year due to damage at \$400 each (arm and shipping). The police officers are expected to check the ramp once each shift which adds up to 1 hour each day to ensure everything is working correctly. The cost for those hours is approximately \$4,620 per year. Rich also checks the ramp on the weekends, when it is most likely to break, for about 2 hours each weekend in the amount of \$2,045. Wage numbers reflect wage only and no benefits.

Assuming these numbers are correct the ramp entrance would have a profit of approximately \$926 in 2017.

The City currently donates \$25,000 to the Lake Association each year as well.

Information was presented to the Lake Association on 5/15 to inform them there was going to be a discussion at the City Council meeting on 5/21. The Lake Association made it aware there were a number of concerns regarding the fee and if it was ever removed. The first is that the lake has become less congested than it was before the fee which makes for a safer environment on the lake. Secondly there is much less litter on the lake than there was before. Third, there seem to be much less behavioral issues on the lake now than before.

Because there are public funds that are used for the maintenance and regulation of the lake there is some thought that removal of the fee structure would be a positive for the community. This would give access to all people who wanted to enjoy the recreational opportunity in North Sioux City.

For information, the City does not have counts of people that used the ramp before as opposed to today. Also, there is no information about the number of boats getting on the water before the fee structure was put in place.

**Financial Consideration:** None at this time

**Recommendation:** discussion only at this time. Administration would like to know if the fee structure is beneficial for the community and if the amounts are appropriate for the community.



# City Council MEMO

504 River Drive  
North Sioux City, SD 57049  
Phone (605) 232-4276  
Fax (605) 232-0506

To: North Sioux City – City Council  
From: Ted Cherry, City Administrator  
Date: 5/21/2018  
Re: South Derby Reconstruction Sidewalk

---

**Background:** During the previous City Council meeting on 5/7/2018 it was asked if a sidewalk could be added to the reconstruction of South Derby Lane. Greg Meyer put together the following numbers for the sidewalks. Please see his note at the bottom of the pricing list stating this could possibly violate rules regarding change orders if both portions of the sidewalk are approved and the price is not able to be negotiated.

The project was budgeted in FY2018 for \$875,000 the awarded bid was \$575,361.54

**Financial Consideration:** \$27,075.96

**Recommendation:** Administration would like information from the Council on if they would like to move forward with the sidewalk or not and if you would like to work with Vanderpol on the pricing.

North Sioux City, S.D.

South Derby Lane Sidewalk Opinion of Estimated Costs

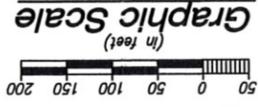
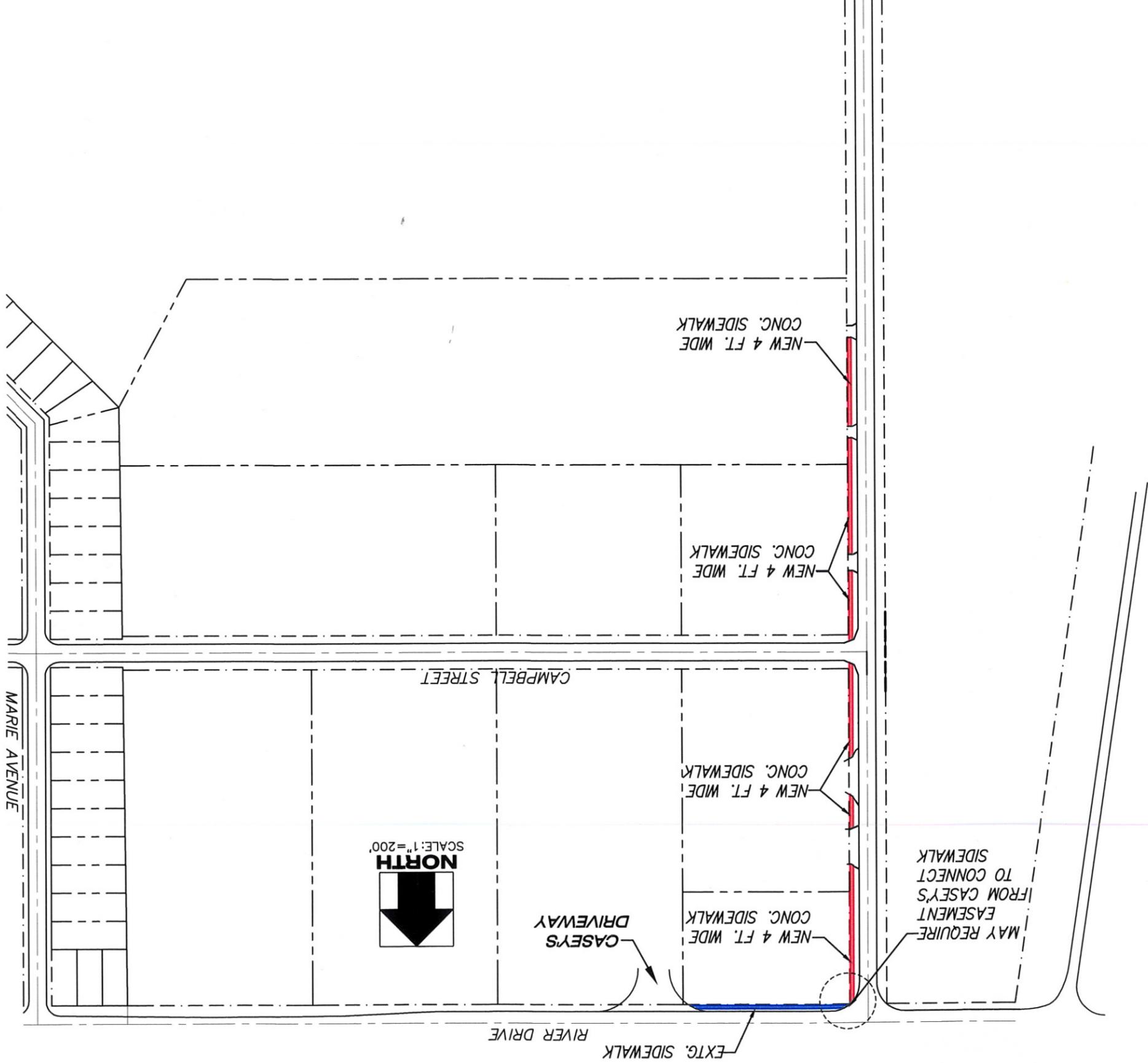
16-May-18

No.	Description	Quantity	Units	Unit Price	Total
<b>4 FT. Wide Sidewalk from Cottonwood Estates South Drive to Campbell St.</b>					
1	Extend 18" Storm Sewer	30	l.f.	\$ 50.00	\$ 1,500.00
<b>Paving and Earthwork</b>					
2	6" PCC Sidewalk	2050	sq. ft.	\$ 5.50	\$ 11,275.00
3	Detectable warning panel	8	s.f.	\$ 35.00	\$ 280.00
4	Excavation	25.5	cu.yds.	\$ 4.50	\$ 114.75
5	Haul excavated material to disposal	25.5	cu.yds.	\$ 11.00	\$ 280.50
6	Incidentals	10	%	\$ 13,450.25	\$ 1,345.03
	Opinion of Estimated Construction Costs				\$ 14,795.28
	Contingency, Engineering, Survey, & Testing				\$ 3,698.82
	<b>Opinion of Estimated Project Costs</b>				\$ 18,494.09
<b>4 FT. Wide Sidewalk from Campbell St. to River Drive</b>					
<b>Paving and Earthwork</b>					
1	6" PCC Sidewalk	1900	sq. ft.	\$ 5.50	\$ 10,450.00
2	Sawcut Concrete or Asphalt	10	l.f.	\$ 7.00	\$ 70.00
3	Detectable warning panel	8	s.f.	\$ 35.00	\$ 280.00
4	Excavation	23.5	cu.yds.	\$ 4.50	\$ 105.75
5	Haul excavated material to disposal	23.5	cu.yds.	\$ 11.00	\$ 258.50
6	Incidentals	10	%	\$ 11,164.25	\$ 1,116.43
	Opinion of Estimated Construction Costs				\$ 12,280.68
	Contingency, Engineering, Survey, & Testing				\$ 3,070.17
	<b>Opinion of Estimated Project Costs</b>				\$ 15,350.84

Notes:

- 1 South Dakota Law limits change orders to \$25,000. This change order is estimated as \$27,075.96. I used unit prices from Vander pol for the above Opinion of Estimated Costs. Vander pol may be willing to negotiate to below the \$25,000 limit. The incidentals may not develop.
- 2 Casey's has a sidewalk along the south side of River Drive to the intersection with pedestrian cross walks. The cross walks do not align with the handicap ramps and are not ADA compliant. There are pedestrian cross walk buttons to control the traffic signals.

# Sidewalk Change Order Schematic Drawing



SHEET NO. <b>CO</b>		PROJECT TITLE	
DATE	REVISION	<b>BW/ MA</b>	<b>BUELL WINTER MOUSEL AND ASSOCIATES</b>
		<b>CONSULTING ENGINEERS</b>	
		CITY OF NORTH SIOUX CITY, S.D.	
		SO. DERBY LANE RECONSTRUCTION PROJ.	
		SHEET TITLE	<b>SIDEWALK CHASNGE ORDER</b>
			<b>SCHEMATIC DRAWING</b>



## City Council MEMO

504 River Drive  
North Sioux City, SD 57049  
Phone (605) 232-4276  
Fax (605) 232-0506

To: North Sioux City – City Council  
From: Ted Cherry, City Administrator  
Date: 5/21/2018  
Re: Library Board Council Member Appointment

---

**Background:** One requirement from the Library Board is that a member of the City Council is appointed to the board. Currently the Library Board does not have a representative from the Council.

The board meets approximately once per quarter. The next meeting is scheduled for June. Meetings last for approximately 1 hour and meet at 6pm.

**Financial Consideration:** none

**Recommendation:** N/A



## City Council MEMO

504 River Drive  
North Sioux City, SD 57049  
Phone (605) 232-4276  
Fax (605) 232-0506

To: North Sioux City – City Council  
From: Ted Cherry, City Administrator  
Date: 5/21/2018  
Re: Change Order #2 – Northshore Forcemain

---

**Background:** the project seeing came in less than was originally anticipated. The change order is for a deduct to the contract amount.

**Financial Consideration:** \$1,629 deduct to the Northshore Forcemain project contract.

**Recommendation:** Administration recommends the approval of change order #2 for the Northshore Forcemain Project.

**CHANGE ORDER**

Change Order No: Two

Date: May 8, 2018

Agreement Date: March 20, 2017

NAME OF PROJECT : North Sioux City – North Shore Force Main

OWNER: City of North Sioux City, SD

CONTRACTOR: Vander Pol Excavating, LLC

The following changes are hereby made to the CONTRACT DOCUMENTS:

Final As-Built Seeding Quantities (See Attached) Deduct \$(1,629.00)

Justification:

Requested by the contractor

Change to CONTRACT PRICE:

Original CONTRACT PRICE \$460,544.50

Current CONTRACT PRICE adjusted by previous CHANGE ORDERS \$367,345.64

The CONTRACT PRICE due to this CHANGE ORDER will be decreased by:

(\$1,629.00)

The new CONTRACT PRICE including this CHANGE ORDER will be \$365,716.64

Change to CONTRACT TIME:

The CONTRACT TIME will be [increased] [~~decreased~~] by 0 calendar days.

The date for completion of all work will be November 1, 2017 (Date).

Approvals Required:

To be effective this Order must be approved by the City of North Sioux City if it changes the scope or objective of the PROJECT, or as may otherwise be required by the SUPPLEMENTAL GENERAL CONDITIONS.

Requested by: City of North Sioux City

Recommended by: Buell Winter Mousel & Assoc. PC

*Gregory C Meyer 5-14-2018*

Accepted by: Vander Pol Excavating, LLC

*Deb Arena 5-9-18*

Pay Request Six  
 North Shore Force Main Project  
 May 7, 2018

No.	Description	Quantity	Units	Vanderpol Excavation		Unit	Pay Request Six		As Built Quantities (CO#2)	
				Unit Price	Total		Quantity	Total	Add/Delete	Amount
1	8" Force Main w/ tracer wire & bedding	3562	l.f.	\$ 31.50	\$ 112,203.00	UN	3204	\$ 100,926.00	0.00	
2	8" Force main w/ restrained joints, casing spacer & tracer wire	360		\$ 52.00	\$ 18,720.00		718	\$ 37,336.00	0.00	
3	Fittings	1050	lbs.	\$ 14.00	\$ 14,700.00		1445	\$ 20,230.00	0.00	
4	8" Gate valve and box	1	e.a.	\$ 1,530.00	\$ 1,530.00		0	\$ -	0.00	
5	6" Gate valve and box	2	e.a.	\$ 1,280.00	\$ 2,560.00		2	\$ 2,560.00	0.00	
6	Connect to Extg. Manhole w/ drop	1	e.a.	\$ 1,800.00	\$ 1,800.00		1	\$ 1,800.00	0.00	
7	Tie into Extg. Force Main	1	e.a.	\$ 900.00	\$ 900.00		1	\$ 900.00	0.00	
8	16" Casing by Excavation	319	l.f.	\$ 85.00	\$ 27,115.00		114	\$ 9,690.00	0.00	
9	16" Casing by Bore & Jack	95	l.f.	\$ 275.00	\$ 26,125.00		54	\$ 14,850.00	0.00	
10	Casing end seal	12	ea.	\$ 150.00	\$ 1,800.00		9	\$ 1,350.00	0.00	
11	Exploratory Excavation	6	e.a.	\$ 900.00	\$ 5,400.00		5	\$ 4,500.00	0.00	
12	Extra Depth of Force Main Installation	1350	ft./ft.	\$ 2.75	\$ 3,712.50		320	\$ 880.00	0.00	
13	Air & Vacuum Relief Manhole	5	e.a.	\$ 5,100.00	\$ 25,500.00		5	\$ 25,500.00	0.00	
14	Clean Out	4	e.a.	\$ 2,650.00	\$ 10,600.00		3	\$ 7,950.00	0.00	
15	Saw Cut Asphalt or Concrete	1172	l.f.	\$ 6.00	\$ 7,032.00		705.6	\$ 4,233.60	0.00	
16	Remove Asphalt Pavement	475	sq. yds.	\$ 11.00	\$ 5,225.00		295.22	\$ 3,247.42	0.00	
17	Remove Concrete Pavement	614	sq. yds.	\$ 11.00	\$ 6,754.00		333.85	\$ 3,672.35	0.00	
18	6" Thick Concrete Patch	1128	sq. yds.	\$ 82.50	\$ 93,060.00		629.07	\$ 51,898.28	0.00	
19	Remove Tree Stump	2	e.a.	\$ 300.00	\$ 600.00		1	\$ 300.00	0.00	
20	Remove and Replace barrier fence	2	e.a.	\$ 600.00	\$ 1,200.00			\$ -	0.00	
21	Seeding	2.3	Acre	\$ 3,000.00	\$ 6,900.00		1.95	\$ 5,850.00	{0.35}	\$ (1,050.00)
22	Mulch	3.5	tons	\$ 600.00	\$ 2,100.00		2.97	\$ 1,782.00	{0.53}	\$ (318.00)
23	Fertilizer	575	lbs.	\$ 3.00	\$ 1,725.00		488	\$ 1,464.00	{87.00}	\$ (261.00)
24	Curb Inlet Protection	2	e.a.	\$ 400.00	\$ 800.00		6	\$ 2,400.00	0.00	
25	Silt Fence	108	l.f.	\$ 6.00	\$ 648.00			\$ -	0.00	
26	Gravel Repair Limestone	6	tons	\$ 100.00	\$ 600.00		10.14	\$ 1,014.00	0.00	
27	Gravel Temporary Repair	120	tons	\$ 28.00	\$ 3,360.00		13	\$ 364.00	0.00	
28	Remove and Replace Traffic sign	5	ea.	\$ 175.00	\$ 875.00		5	\$ 875.00	0.00	
29	Trench Backfill	600	cu. yds.	\$ 35.00	\$ 21,000.00		118.4	\$ 4,144.00	0.00	
24	Traffic Control	1	e.a.	\$ 3,000.00	\$ 3,000.00		1	\$ 3,000.00	0.00	
25	Incidentals	1	LS	\$ 53,000.00	\$ 53,000.00		1	\$ 53,000.00	0.00	
	Value of Work to Date				\$ 460,544.50			\$ 365,716.65		\$ (1,629.00)



# City Council MEMO

504 River Drive  
North Sioux City, SD 57049  
Phone (605) 232-4276  
Fax (605) 232-0506

To: North Sioux City – City Council  
From: Ted Cherry, City Administrator  
Date: 5/21/2018  
Re: Sioux Point Road Transfer and Waste Agreements

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**Background:** During the March 5, 2018 City Council meeting the Council passed resolution 2018-01 approving the transfer of Sioux Point Road and a portion of Shay Road to the City. At that time the Council was told we would bring the agreements to you. The agreements for the transfer and the waste have been finished and are provided to the Council. The resolution has yet to be published because of the delayed timeframe it has taken to get these

To my knowledge the Road Waste Agreement has not been presented to the County Commissioners, but it was produced by Jerry Miller and Darrell has given his approval for the contract.

The Transfer Agreement has been signed by the County and has been approved by Darrell.

**Financial Consideration:** None at this time

**Recommendation:** Approval of the Sioux Point Road Transfer Agreement and the Road Waste Agreement.

## ROAD TRANSFER AGREEMENT

This Road Transfer Agreement (hereinafter "Transfer Agreement" or "Agreement") is made and entered into this 10th day of April, 2018, by and between Union County, South Dakota, a county organized under SDCL Title 7 (hereinafter "Union County" or "County"), and the City of North Sioux City, a South Dakota municipal corporation incorporated under SDCL Title 9 (hereinafter "North Sioux City" or "City").

### RECITALS

WHEREAS, both North Sioux City and Union County agree to transfer the ownership and maintenance responsibilities as they pertain to County Highway 5 also locally known as Sioux Point Road, with Union County thereby relinquishing whatever rights were held on said County Highway 5, and, pursuant to terms stated within this Transfer Agreement; and

WHEREAS, both North Sioux City and Union County agree to transfer the ownership and maintenance responsibilities as they pertain to a portion of N Shay Road as further identified in paragraph 2 below, pursuant to terms stated within this Transfer Agreement; and

WHEREAS, both North Sioux City and Union County desire to coordinate efforts to ensure a smooth transition of the public use and maintenance of Sioux Point Road and a portion of N Shay Road; and

WHEREAS, both North Sioux City and Union County agree that this Agreement sets out fully the terms to accomplish the transfer of the public use and maintenance of Sioux Point Road in a manner that is in the best interests of both parties and the public;

THEREFORE, North Sioux City and Union County, pursuant to SDCL Chapter 6-5, do HEREBY CONTRACT, AGREE, AND AFFIRM the following:

1. County hereby agrees to transfer via Quit Claim Deed that portion of County Highway 5, also known as Sioux Point Road, as well as a portion of N Shay Road, both of which are adjacent to the City limits of North Sioux City to the City for public use and maintenance, subject to the terms set forth in this Agreement.
2. On May 8th, 2018, that portion of Sioux Point Road spanning from River Drive on the north end to the boundary of Dakota Dunes Community Improvements District on the south end shall become the responsibility of North Sioux City. Further, the City shall assume responsibility for 1,220 feet of N Shay Road west of Sioux Point Road.
  - ❖ Attached as Exhibit A and incorporated by reference herein is a map which identifies these portions of Sioux Point Road and N Shay Road being transferred by and through this Agreement.
  - ❖ Attached as Exhibit B and incorporated by reference herein is a legal

description for the roads referenced above.

3. This Agreement expressly includes the right-of-way to Sioux Point Road and N Shay Road and any all related property, responsibilities, and obligations which were previously considered to be the responsibilities and obligations of Union County. This shall include but not be limited to the regulation of speed, weight limits, and use of the right of way for public utilities.
4. Both the County and City have passed resolutions approving this Transfer Agreement pursuant to SDCL §6-5-5 and twenty (20) days have passed since the publication of said resolutions. The resolutions of the County and City have not been referred to a public vote.
5. From and subsequent to May 8th, 2018, City shall hold the County harmless, indemnify and defend its employees, board contractors and agents against any and all claims asserted or brought against the County, which in any way arise out of or are connected with the City's obligations as set forth in this Agreement and which are a result of the City's negligence or misconduct or that of its board agents, contractors or employees.

For matters arising prior to May 8th, 2018, County shall hold the City harmless, indemnify and defend its employees, board contractors and agents against any and all claims asserted or brought against the City, which in any way arise out of or are connected with the County's obligations as set forth in this Agreement and which are a result of the County's negligence or misconduct or that of its board agents, contractors or employees.

6. This Agreement and the attachments hereto constitute the entire agreement between the contracting parties concerning the subject matter hereof. All prior agreements, discussions, representations, warranties and covenants are merged herein. There are no warranties, representations, covenants or agreements, expressed or implied, between the parties except those expressly set forth in this agreement. Any amendments or modifications of this agreement shall be in writing and executed by the contracting parties.

[SIGNATURE PAGE TO FOLLOW]

Dated this \_\_\_\_ day of \_\_\_\_\_, 2018.

Mayor of North Sioux City:

\_\_\_\_\_  
Randy Fredericksen  
Mayor

\_\_\_\_\_  
Susan Kloostra  
City Finance Officer

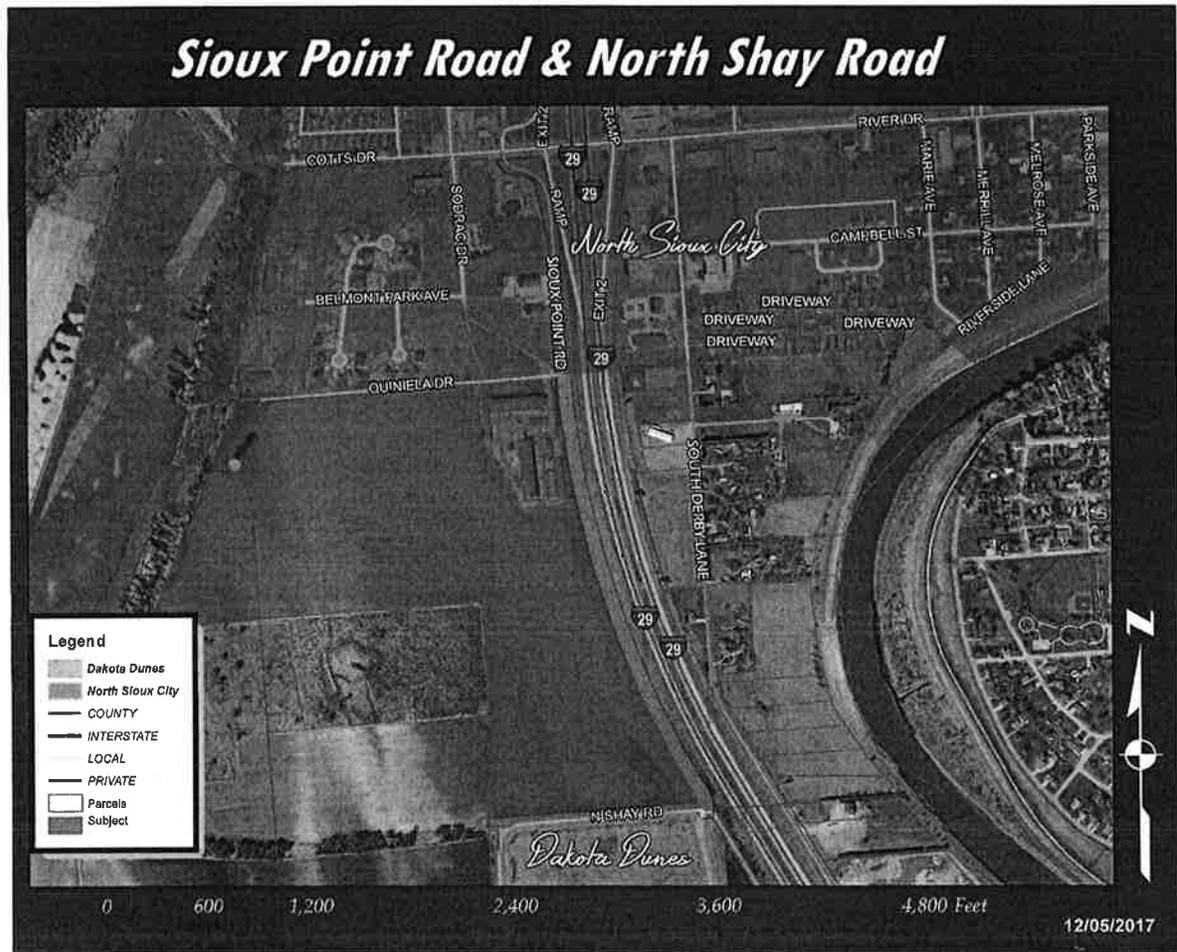
Dated this 10<sup>th</sup> day of April, 2018.

Chairperson, Union County Commissioners

Milton Ustad  
Milton Ustad  
Chairperson

Jackie Sieverding  
Jackie Sieverding - Auditor

EXHIBIT A  
Map



**EXHIBIT B**  
**Legal Description**

Commencing at a point approximately 492 feet west of the Interstate I-29 Access Road, at exit #2 and its junction with Highway #77 in the Southwest Quarter (SW  $\frac{1}{4}$ ) of Section 15, Township 89 North, Range 48, West of the 5<sup>th</sup> P.M., Union County, South Dakota, and thence in a southerly direction for approximately three-quarters ( $\frac{3}{4}$ ) of one mile to approximately the Southeast corner of the Northeast Quarter of the Northwest Quarter (NE  $\frac{1}{4}$  NW  $\frac{1}{4}$ ) of Section 22, Township 89 North, Range 48 thence in a westerly direction for approximately one-quarter ( $\frac{1}{4}$ ) of a mile on the one-sixteenth ( $\frac{1}{16}$ ) line separating the Northeast Quarter of the Northwest Quarter (NE  $\frac{1}{4}$  NW  $\frac{1}{4}$ ) and the Southeast Quarter of the Northwest Quarter (SE  $\frac{1}{4}$  NW  $\frac{1}{4}$ ) of Section 22.

## ROAD WASTE AGREEMENT

This agreement is entered into the \_\_\_\_\_ day of \_\_\_\_\_, 2018, between Union County, South Dakota, subdivision of the State of South Dakota (referred to as the County) and North Sioux City (referred to as the City).

This agreement is entered into as an addendum to the Sioux Point Road "ROAD TRANSFER AGREEMENT:"

The City has expressed its desire to secure an agreement with the County as it pertains to the removal of excess materials in the event that Sioux Point Road is to be removed from the City's street system. If and when this occurs, the City believes that there are resources that the city would like to contract with the county to remove.

The County has expressed its desire to secure the resources from the City in the event the City removed Sioux Point Road from its street system. The resources that this agreement covers shall be identified as the following: Road waste products consisting of asphalt, gravel clay and/or dirt.

The parties agree that the 'road waste' is the responsibility of the City to address whenever it engages in any city street project. This responsibility would include the additions or removal of materials and the finish grading of any city street project.

The County has expressed that in the event there is any excess material or road waste, as defined above, the County would be willing to remove the road waste. The County finds that such materials have a value to the County. The County is willing to remove the materials and have the ability to dispose of it by recycling and reusing the product in its own operations.

As such the City and the County agree to the following terms:

### I. TERM

This contract shall become effective upon the day that it is signed by both parties. It shall remain in effect twenty years from the date of signing and shall be subject to renewal joint agreement of the boards of each party at that time.

### II. DUTIES

The City shall, under its own discretion, determine whether it needs to dispose of excess asphalt, gravel, clay and/or dirt resulting from its road construction, removal and/or maintenance operations.

Once the City determines that it wishes to dispose of any excess asphalt, gravel, clay or dirt, then under the terms of this agreement, the City shall pile each material separately at an accessible location for the county to remove each material from the city's project site.

If the City determines to dispose of excess asphalt, said asphalt shall be placed in piles consisting of mostly asphalt on or near the construction site. The asphalt shall be reduced to pieces no larger than one foot by two feet prior to the County removal.

If the City determines to dispose of excess gravel, said gravel shall be placed in piles consisting of mostly gravel on or near the construction site for the County to remove.

If the City determines to dispose of excess clay, said clay shall be placed in piles consisting of mostly clay on or near the construction site for the County to remove.

If the City determines to dispose of excess dirt, said dirt shall be placed in piles consisting of mostly dirt on or near the construction site for the County to remove.

The City shall provide notice to the County that it intends to exercise the terms of this contract.

Upon receiving notice from the City that it intends to exercise the terms of this contract, the County shall coordinate its removal efforts with the city but at no time should the removal take longer than 60 days from the date that the City gave notice to remove the materials from the City's construction site.

Notice shall be given in writing to the County's Highway Superintendent.

### III. COMPENSATION

The County is providing the City with the disposal service described above in consideration for value of the asphalt, gravel, clay and/or dirt that the County is removing from the City construction site. No other consideration or payment for either the disposal service or the value of the removed material is authorized under this contract.

### IV. ASSIGNMENTS

Neither the County nor the City may assign or sell their rights and responsibilities under this contract to a third party.

### V. CHOICE OF LAW AND JURISDICTION

This contract shall be governed by the laws of the State of South Dakota. The First Judicial Circuit, Union County, South Dakota shall have exclusive jurisdiction over any dispute arising under this contract.

### VI. ORAL EVIDENCE

This agreement shall constitute the entire agreement between the parties. Any oral or written agreements or representations not part of this writing are not part of the agreement between the parties and shall not be considered as part of either party's intent. All conflicts by this writing shall be resolved by reference to this agreement first.

### VII. SEVERABILITY

Should any part of this agreement be declared to be illegal, unconstitutional, or unenforceable, the rest, residue and remainder of this contract is to remain in full force and effect. The rest of the agreement shall be interpreted without reference to that part so declared illegal, unconstitutional or enforceable.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2018.

I, \_\_\_\_\_, \_\_\_\_\_ of North Sioux City, South Dakota, hereby state that the foregoing agreement has been approved by the City Council of North Sioux City, and that the signature of the \_\_\_\_\_ was authorized by the City Council to bind Union County.

\_\_\_\_\_

I, Jackie Sieverding, Auditor of Union County, hereby state that the foregoing agreement has been approved by the Union County Board of Commissioners, and that the signature of the Chairman was authorized by the Board of Commissioners to bind Union County.

\_\_\_\_\_

Jackie Sieverding,  
Auditor Union County, South Dakota

INVOICE#	LINE	DUE DATE	INVOICE DATE	REFERENCE	PAYMENT AMOUNT	DIST	GL ACCOUNT	CK SQ
				100861 SIOUXLAND INTERSTATE METRO				
3698	1	5/22/18	5/10/18	CONF MEALS (3)-CNCL	60.00	101	101-4111-4270	1
	2			CONF MEALS (1)-ADMIN	20.00	101	101-4122-4270	1
				INVOICE TOTAL	80.00			
				VENDOR TOTAL	80.00			
				60299 UTILITY EQUIPMENT COMPANY				
50042895	1	5/22/18	5/07/18	RISER FOR MANHOLES (4)	564.42	101	101-4310-4250	1
				INVOICE TOTAL	564.42			
				VENDOR TOTAL	564.42			
				102819 VANDER POL EXCAVATING, LLC				
CERT4FINAL	1	5/22/18	5/18/18	SIOUX LAUNDRY FORCE MAIN PROJ	19,895.00	604	604-4320-4350	1
				INVOICE TOTAL	19,895.00			
				VENDOR TOTAL	19,895.00			
				102819 VANDER POL EXCAVATING, LLC				
CERT6FINAL	1	5/22/18	5/08/18	NORTHSHORE FORCE MAIN PROJ	8,515.99	604	604-4320-4350	1
				INVOICE TOTAL	8,515.99			
				VENDOR TOTAL	28,410.99			
				103051 WALL OF FAME				
78865	1	5/22/18	5/04/18	PD PROMOTIONAL PRODUCTS (124)	868.00	101	101-4210-4261	1
				INVOICE TOTAL	868.00			
				VENDOR TOTAL	868.00			
				LIBERTY 1010 0048 TOTAL	159,440.57			
				TOTAL MANUAL CHECKS	.00			
				TOTAL E-PAYMENTS	.00			
				TOTAL PURCH CARDS	.00			
				TOTAL ACH PAYMENTS	.00			
				TOTAL OPEN PAYMENTS	159,440.57			
				GRAND TOTALS	159,440.57			



City of North Sioux City

**Auction #2078771 - 2009 Chevy Impala**

<p>Final Price <b>\$4,349.00</b> (Reserve has been met) <a href="#">?</a></p> <p>Time Left <b>Closed</b></p> <p>High Bidder <b>autospecas</b></p> <p># of Bids <b>12</b></p> <p>First Offer <b>\$499.99</b></p> <p>Auction Started <b>May 1, 2018 8:19:16 AM CDT</b></p> <p>Auction Ended <b>May 15, 2018 3:00:00 PM CDT</b></p> <p>Seller <b>City of North Sioux City</b> [View seller's auctions]</p>	<p>Bidding History</p> <p><b>CHANGE WINNER</b></p> <p><b>View</b> Viewing Bid Activity [History] [Graph]</p> <p><b>Resend Emails</b> Resend closing emails [Resend]</p>
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Bidder	Bid Date	Bid Amount	Proxy Date
autospecas	May 11, 2018 7:36:24 AM CDT	\$4,349.00	
jchermak	May 11, 2018 7:36:24 AM CDT	\$4,299.00	May 11, 2018 7:31:43 AM
autospecas	May 11, 2018 7:31:43 AM CDT	\$4,199.99	May 7, 2018 8:13:25 AM
jchermak	May 11, 2018 7:31:43 AM CDT	\$4,249.99	
autospecas	May 11, 2018 7:27:13 AM CDT	\$4,199.99	May 7, 2018 8:13:25 AM
jchermak	May 11, 2018 7:27:13 AM CDT	\$4,149.99	
autospecas	May 7, 2018 12:19:02 PM CDT	\$4,105.00	May 7, 2018 8:13:25 AM
jchermak	May 7, 2018 12:19:02 PM CDT	\$4,055.00	
autospecas	May 7, 2018 12:17:29 PM CDT	\$3,930.00	May 7, 2018 8:13:25 AM
jchermak	May 7, 2018 12:17:29 PM CDT	\$3,880.00	
autospecas	May 7, 2018 8:13:25 AM CDT	\$3,430.00	
jchermak	May 7, 2018 8:13:25 AM CDT	\$3,380.00	May 7, 2018 7:40:41 AM
jchermak	May 7, 2018 7:40:41 AM CDT	\$3,179.99	
autospecas	May 7, 2018 7:40:41 AM CDT	\$3,129.99	May 6, 2018 1:48:58 PM
autospecas	May 7, 2018 7:40:14 AM CDT	\$3,075.00	May 6, 2018 1:48:58 PM
jchermak	May 7, 2018 7:40:14 AM CDT	\$3,025.00	
autospecas	May 7, 2018 7:39:46 AM CDT	\$2,825.00	May 6, 2018 1:48:58 PM
jchermak	May 7, 2018 7:39:46 AM CDT	\$2,775.00	
autospecas	May 6, 2018 1:48:58 PM CDT	\$2,000.00	
jchermak	May 2, 2018 5:34:29 AM CDT	\$875.00	
badcj8	May 1, 2018 11:02:54 AM CDT	\$499.99	

[Return to Auction](#)