



Regular Meeting of the City Council

May 21, 2018 – 7:00 p.m.

City Hall

PROPOSED AGENDA

- A. Call to Order
- B. Roll Call
- C. Pledge of Allegiance
- D. Approval of Agenda
- E. Approval of Minutes: May 7, 2018 Regular Meeting
- F. Agenda Items
 - 1. Hearing – New MB Licenses (2)
 - 2. Alcohol Application Renewals
 - 3. American Legion Sign Request
 - 4. Public Access Discussion
 - 5. Sidewalk Estimate – South Derby Lane
 - 6. Library board – council rep
 - 7. Change Order #2 – Northshore Forcemain
 - 8. Sioux Point Road Transfer and Waste Agreements
- G. Community and Council Input
- H. Executive Session*
- I. Approval of Bills
- J. Adjournment

*SDCL 1-25-2 (sections 1-5) allows a majority of the body present to vote to close a meeting when discussion revolves around personnel, legal matters or contract negotiations. Meetings may also be closed for certain economic development matters (SDCL 9-34-19).

UNAPPROVED
North Sioux City, South Dakota
City Council Regular Meeting Minutes
April 16, 2018

Meeting called to order at 7:00 p.m. by Mayor Fredericksen. Beavers, Berg, Christiansen, Cropley, Green, Parks, Reiff and Slater were present. Also in attendance were City Administrator Ted Cherry and Finance Officer Susan Kloostra.

Mayor Fredericksen requested a moment of silence for former council member, Josie Semple, and then led the Pledge of Allegiance.

Motion by Cropley second by Parks to approve the agenda with the addition of Dakota Valley Scholarship. All members present voted aye.

Motion by Green second by Berg to approve the April 3 Regular Council Meeting Minutes. All members present voted aye.

The unofficial election returns were presented by Kloostra from the April 10 Municipal Election. Wards One and Four pollbooks were distributed to canvass the results. Council verified the following election results: Council person Ward 1 – Tena Carpenter 48 votes (53%) and Harold Beavers 41 votes (47%), and Council person Ward 4 – Joan Christiansen 21 votes (36%) and Nate Blaeser 37 votes (64%). Council person Ward 2 Dan Parks and Council person Ward 3 Tammy Reiff were unopposed. Motion by Parks to approve the election results with no changes. Motion seconded by Cropley. All members present voted aye.

Cherry presented to Council a new plat for the Gateway complex. The submission is due to Lot 7 having been inadvertently omitted from the previous plat. Cherry relayed to the Council that the owner has been advised it will not be able to use this tract as piece of the property lines for Lot 7 for building setback purposes. The plat was approved in the April 11 Planning Commission meeting. Motion by Cropley second by Slater to approve the following plat as presented. All members present voted aye.

Plat of Tract A of Lot 8 Keating Resources Addition, to North Sioux City, Union County, South Dakota

Kloostra presented four fireworks applications for Council's approval. At the time of the meeting, all required documentation had been received. Motion by Cropley second by Reiff to approve the presented applications. All members present voted aye.

Zort's PowerSource	Fireworks - Retail License
Zort's PowerSource	Fireworks - Wholesale License
Big Sioux Fireworks	Retail License
Lantis Fireworks	Retail License

Cherry received a request from the Dakota Valley Scholarship committee regarding contribution to the scholarship fund. Motion by Christiansen second by Berg to donate five \$500 scholarships, to be assigned as determined by the scholarship committee. All members present voted aye.

Community/council input:

- 1) Green wanted to know more details about a sign request on the Senior Center building. Slater asked to add an agenda item at the next meeting to discuss painting the Senior Center. Mayor Fredericksen shared concerns voiced to him regarding access to the building with the keyless entry system.
- 2) Slater asked about the Westshore pedestrian crossing sign on Northshore and when MidAmerican will get it connected. Cherry stated he believed MidAmerican had a backlog, but would look into it.
- 3) Christiansen talked about the newly installed flashing light at the four-way stop on Military Road.

Motion by Cropley second by Berg to approve the bills as presented. All members present voted aye.

APPLIED CONCEPTS, INC	2295.00	PD-LIDAR LASER
ARTWORKS GRAPHICS	455.00	REFLECTIVE LETTERING SQUAD CAR
BAILEY, JUDY	150.00	2018 ELCTN WRKR
BUELL WINTER MOUSEL & ASSOC	92690.96	N DERBY LN OVERLAY PROJECT
C. W. SUTER SVCS	451.07	CH-RPLCD BAD DAMPER MTR
CERTIFIED TESTING SVCS,INC	1420.00	S DERBY LN PAVING PROJECT
CITY OF SIOUX CITY-E911	15905.25	2QTR2018 WOODBURY CTY COMM CTR
CITY OF SIOUX CITY-SWR	30211.92	MAR2018 SWR CHGS USAGE 13,987
MARDELLE COLE	175.00	2018 ELCTN SUPERINTENDENT
COLONIAL LIFE	365.85	FEB2018 PREM 2/2, 2/16
DAKOTA DUNES/NSC TIMES	632.01	APR2018 PUBLISHING FEES
ELECTRIC INNOVATIONS	2868.29	MAR2018 TECH SUPPORT (4), 1 YR SERVER
FASTENAL COMPANY	47.25	SIGN BOLTS (53)
FLOYD RIVER MTRLS INC	751.68	LIMESTONE ROCK-LS & CENTENNIAL
FURLICH, DEB	150.00	2018 ELCTN WRKR
GILL HAULING	8537.45	MAR2018 687 RESIDENTIAL WST
GRABER, JUDY	150.00	2018 ELCTN WRKR
H2O 4 U	41.25	PD-BOTTLED WATER (5)
PETER HOLBROOK	100.00	1QTR2018 P&Z MTG
INGRAM LIB SVCS	1334.36	BOOKS (137)
JACK'S UNIFORMS & EQUIP	256.69	CLOTHING ALLOWANCE
JEO CONSULTING GROUP	11997.00	NSC LEVEE EVALUATION
KCAU	250.00	ADVERTISING 3/20/18-3/26/18
KISTNER, DARCIE	175.00	2018 ELCTN SUPERINTENDENT
SUSAN KLOOSTRA	31.75	MLG REIMB (10)
LEADER-COURIER	17.15	PUBLIC NOTICE-EQULZTN MTG
LINDEN, BAYNE	100.00	1QTR2018 P&Z MTG
LOCAL NO. 749	236.00	MAY2018 DUES
LONG LINES	265.84	APR2018 PHN & INT CHGS, CREDIT (4)
MERCY BUS HEALTH SVCS	53.33	APR2018 EAP
MIDAMERICAN ENERGY	13934.38	MAR2018 UTILITY CHGS
NSC AUTO REPAIR	54.95	UNIT 2-OIL CHANGE & FILTER (2)
NYREEN, ARLENE	150.00	2018 ELCTN WORKER
O'REILLY AUTOMOTIVE, INC.	609.19	OIL FILTER (11), AIR FILTER (5)
OLSON, DAN	50.00	1QTR2018 P&Z MTG
ONE OFFICE SLTN	138.88	FILE FOLDER (2 BX), UBS DRIVE (6)
OVERDRIVE, INC.	1500.00	2018 LIBRARY PARTICIPATION
PENWORTHY COMPANY	1057.40	BOOKS (53)
QUALIFIED PRESORT SVC, LLC	746.80	MAR2018 POSTAGE UTILITY BILLS
RITA CHRISTIAN	72.00	LIB EVENT-COOKIES (9 DOZ)
SCHIMBERG COMPANY	32.40	CAP FOR SEWER MAIN
SD ONE CALL	42.56	LOCATES (38)
SIOUXLAND CHAMBER	132.50	1H2018 MEMBERSHIP DUES
SIOUXLAND LOCK & KEY	5.00	SR CNTR-KEYS (2)
STREETER, DONALD	100.00	1QTR2018 P&Z MTG
WALL OF FAME	2067.10	PD-PROMOTIONAL PRODUCTS (250)
WELLMARK BLUE CROSS	19321.73	MAY2018 INSUR PREMIUM
WRIGHT EXPRESS FLEET SVCS	2884.32	MAR2018 FUEL CHGS
ZEE MEDICAL SVC	170.80	MED CABINET SUPP (4)

As required by SDCL 6-1-10, the following is a list of the April 2018 payroll by department:

Finance/Admin	\$19,437.44
Library	\$5,247.60
Police	\$31,845.07
Public Works	\$22,528.37

Motion by Reiff second by Green to adjourn at 7:24 p.m. All members present voted aye.

Approved

Randy Fredericksen, Mayor

Attested

Susan Kloostra, Finance Officer



City Council MEMO

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

To: Mayor Fredericksen
Council Members
From: Susan Kloostra
Date: 5/1/2018
Re: Hearing – New Alcohol RB License Applications

Background: During the 2018 Legislative Session, revisions that go into effect July 1, 2018 impact the alcohol beverage laws. Specifically, the BW, PB and PF licenses were repealed and the RB license was broadened. Any business holding one of these licenses, may apply for an RB license (Malt Beverage On-Off Sale and SD Farm Wine). All new licenses require a hearing before the Council.

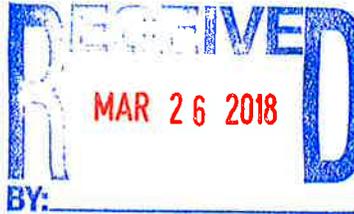
Financial Consideration: Publishing costs for hearing notice.

Recommendation: Recommend the approval of the new RB licenses in replacement of the PF or PB license.

/srk



5/21 Cndl Mtg



445 E. Capitol Avenue
Pierre, South Dakota 57501-3185
Phone: 605-773-3311
Fax: 605-773-6729
Toll Free: 1-800-829-9188 #2

DATE: March 23, 2018
TO: City Finance Officers/County Auditors
FROM: Marne Dooley, Special Taxes Division
RE: Malt Beverage License Renewals

**IMPORTANT UPDATES
PLEASE READ CAREFULLY
Due back May 31, 2018**

Enclosed are the alcoholic beverage renewal applications for your jurisdiction. **Be advised, the alcoholic beverage laws were extensively revised during the 2018 Legislative Session and will impact this renewal cycle.** Among the notable revisions that are effective July 1, 2018 and that will impact these renewals are the following:

- The BW (on-off sale malt beverage and on-off sale South Dakota farm wine) license has been repealed
- The PB (off sale malt beverage) license has been repealed
- The PF (off sale malt beverage and off sale South Dakota farm wine) license has been repealed
- The RB (on-off sale malt beverage) license has been broadened to include on-off sale South Dakota farm wine

Beginning on July 1, 2018 the only malt beverage license that will be available is the new RB (on-off sale malt beverage and on-off sale South Dakota farm wines) license. The license fee remains at \$300.00, half of which will be remitted to the state with the application.

The current BW (on-off sale malt beverage and on-off sale South Dakota farm wine), PB (off sale malt beverage), and PF (package off sale malt beverage and off sale SD farm wine) licenses will expire on June 30, 2018.

If a licensee currently holds a BW, PB, or PF license and wishes to continue the privileges granted by the license they should apply for an RB license. This application will be considered a new license and must follow the normal application process for new licenses. You may use the application I have included in this packet by simply marking the application as an RB and changing it from a renewal to a new license. You should also cross off the license number since we will be issuing a new RB license number for this license.

In considering whether to renew these licenses, the licensee should also be aware of the legislative changes regarding days and hours of operation for each license type. The 2018 Legislature created consistency by allowing all alcoholic beverage license types to sell or serve alcoholic beverages between the hours of 7:00 am and 2:00 am every day of the year. Christmas Day, Memorial Day, and Sunday sales will no longer be prohibited for certain license types unless the local governing body has adopted an ordinance prohibiting sales on those days.

There were numerous other changes that don't impact the alcoholic beverage license renewals so more information about those changes will be distributed later. Feel free to contact our office if you have any questions about this renewal cycle.

NOTICE OF HEARING UPON APPLICATION FOR SALE OF ALCOHOLIC BEVERAGES

NOTICE IS HEREBY GIVEN THAT a public hearing shall be conducted at 7 p.m. on Monday, May 21, 2018 by the Common Council of the City of North Sioux City, South Dakota to consider the application of two (2) Retail On-Off Sale Malt Beverage Licenses for the following applicant:

#1 New Retail Malt Beverage On-Off Sale and SD Farm Wine License:

Casey's Retail Company, d/b/a Casey's General Store #3589, 100 South Derby Lane
A Part of Lot "S" of the NW 1/4 of the SE1/4 of Section 15; and also together with
part of said NW 1/4 of the SE 1/4 of Section 15' all located in Township 89 North,
Range 48 West of the 5th P.M., North Sioux City, Union County, South Dakota,
more particular described as follows.

#2 New Retail Malt Beverage On-Off Sale and SD Farm Wine License:

Kueenland II Inc, d/b/a Sioux City North KOA, 675 Streeter Drive
Lot B NE 1/4 SW 1/4 N Sioux City 5.37A, North Sioux City, Union County, South
Dakota

NOTICE IS FURTHER GIVEN that said application will be heard and considered by the Common Council of North Sioux City at City Hall, 504 River Drive, North Sioux City, South Dakota. At that time any person interested in the approval or rejection of any such application may appear and be heard.

Dated this 1st day of May, 2018, at North Sioux City, South Dakota.

Susan Kloostra
Finance Officer

Published: May 10, 2018

Date Received _____
Date Issued _____

2018-2019

License No. ~~PB-20681~~

Uniform Alcoholic Beverage License Application

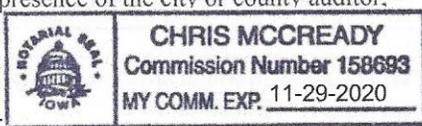
Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100

A. Owner Name and Mailing Address CASEYS RETAIL COMPANY PO BOX 3001 ANKENY, IA 50021-3001 Owner's Telephone#: (515) 965-6517	B. Business Name and Address Lic # PB-20681 CASEYS GENERAL STORE #3589 100 S DERBY LANE NORTH SIOUX CITY, SD 57049-3015 Business Telephone #: (515) 965-6517
C. Indicate the class of license being applied for (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 checked="" 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>0</u> Is this License in active use? <input checked="" type="checkbox"/> Yes [] No	D. Legal description of licensed premise: LOT A & B, BLOCK SE 1/4 AND N 1/2 OF LOTS 3 & 2, CITY OF NORTH SIOUX CITY, SOUTH DAKOTA. 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) E. State Sales Tax Number: <u>1011-0081-STC</u> 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 <u>1-800-937-8864.</u> G. New license? <input checked="" type="checkbox"/> 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 5-7-2018 Print Name JULIA L. JACKOWSKI, SECRETARY Signature Julia L. Jackowski

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: municipalities, airports, solicitors, dispensers, carriers, transportation companies, and farm



Place of business is located in a municipality? Yes [] No County: LAKE
This application was subscribed and sworn to before me this 7TH day of MAY, 2018
Approving Officer's Telephone Number 515-965-6517 Signature Chris McCreedy

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.

State of South Dakota)

Affidavit

)
: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.

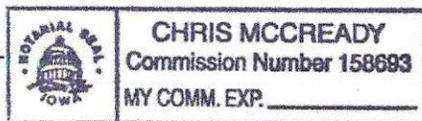
We the undersigned officers and directors of the applicant company acknowledge that the within supplement application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other alcoholic beverage license than that expressly set forth above. If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

JULIA L. JACKOWSKI, SECRETARY FOR
CASEY'S RETAIL COMPANY

Signature of Authorized Officer/Director/Partner Julia L. Jackowski

Subscribed and sworn to before me this 7TH of MAY, 2018, POLK County, State of IOWA

My commission expires 11-29-2020



Chris McCreedy
(Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. PF-23103

Uniform Alcoholic Beverage License Application

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

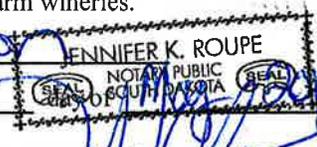
A. Owner Name and Mailing Address KUEENLAND II INC 675 STREETER DR NORTH SIOUX CITY, SD 57049-4071 Owner's Telephone#: (605) 232-4519	B. Business Name and Address Lic # PF-23103 SIOUX CITY NORTH KOA 675 STREETER DR NORTH SIOUX CITY, SD 57049 Business Telephone #: (605) 232-4519
C. Indicate the class of license being applied for (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 checked="" 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: _____ Number of other On-sale Liquor Licenses held: _____ Is this License in active use? [] Yes [] No	D. Legal description of licensed premise: Have you ever been convicted of a felony? [] Yes [] No Do you own [] or lease [] this property? (Check one) E. State Sales Tax Number: <u>1030-9125-ST</u> 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? <input checked="" type="checkbox"/> 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 5/8/18 Print Name Terresa Grooms 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: Union
This application was subscribed and sworn to before me this 18
Approving Officer's Telephone Number 605-232-4276 Signature [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 liquor 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?

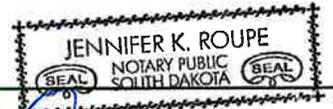
With signature the applicant agrees to the following:

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 _____

[Handwritten Signature]



Subscribed and sworn to before me this 18 of May 2018, Union County, State of South Dakota.

My commission expires 02-12-2020

[Handwritten Signature]
(Notary Public)



City Council MEMO

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

To: Mayor Fredericksen
Council Members
From: Susan Kloostra
Date: 5/11/2017
Re: Alcohol License Applications

Background: The following businesses are requesting renewal of their Alcohol Licenses. Applications have been reviewed using the Department of Revenue's requirements and fees have been paid.

Financial Consideration: Increase to revenue for licensing fees and sales tax payments.

Recommendation: Recommend the approval of the applications.

/srk

Date Received _____
Date Issued _____

2018-2019

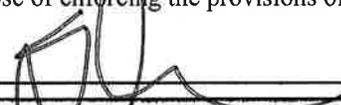
License No. RB-2905

Uniform Alcoholic Beverage License Application

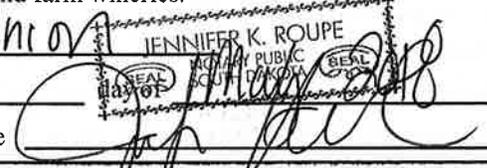
Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100

<p>A. Owner Name and Mailing Address</p> <p>DAKOTA ROSE INC PO BOX 1083 NORTH SIOUX CITY, SD 57049 Owner's Telephone#: <u>605-232-9247</u></p>	<p>B. Business Name and Address</p> <p>Lic # RB-2905 DAKOTA ROSE 103 MILITARY RD STE 2905 NORTH SIOUX CITY, SD 57049-3088 Business Telephone #: <u>605-232-3051</u></p>
<p>C. Indicate the class of license being applied for (submit separate application for each class of license).</p> <p><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</p> <p>Number of other Package Liquor Licenses held: <u>0</u> Number of other On-sale Liquor Licenses held: <u>0</u> Is this License in active use? <input checked="" type="checkbox"/> Yes [] No</p>	<p>D. Legal description of licensed premise: <u>lot 18; N 2nd St; Bureau Addition; Section 14 Township 89; Range 48</u></p> <p>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)</p> <p>E. State Sales Tax Number: <u>1016-0221-STC</u></p> <p>Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent</p> <p>F. Contact the TTb for Federal Alcohol registration at 1-800-937-8864.</p> <p>G. New license? _____ Transfer? (\$150) _____ Re-issuance? <input checked="" type="checkbox"/></p>

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 5-14-18 Print Name Sharon Nigro 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: Union
This application was subscribed and sworn to before me this 14 day of May 2018
Approving Officer's Telephone Number 605-232-4276 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:

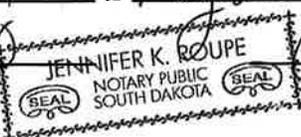
Name	Type of license of financial interest and address of retail outlet

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 14 of May 2018 _____ County, State of South Dakota.
 My commission expires 02-13-2020

 _____ (Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-2889

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

DAKOTA ROSE INC
PO BOX 1083
NORTH SIOUX CITY, SD 57049
Owner's Telephone#: 605-232-9247

B. Business Name and Address

Lic # RB-2889
DAKOTA REDS
103 MILITARY RD STE 2889
NORTH SIOUX CITY, SD 57049-3088
Business Telephone #: 605-232-3091

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: 8
Number of other On-sale Liquor Licenses held: 8
Is this License in active use? Yes [] No

D. Legal description of licensed premise:

Lot 18; NW 1/4 of Lot 9; Bruner Addition;
Section 14, Township 89, Range 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: 1030-9192-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.

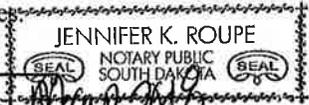
Date 5-14-18 Print Name Sharon Nilges Signature [Signature]

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: Union

This application was subscribed and sworn to before me this 14 day of May 2018

Approving Officer's Telephone Number 605-232-4276 Signature [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:

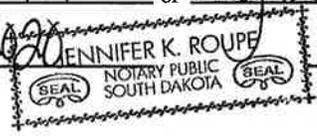
That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to 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 14 of May 2018, _____ County, State of South Dakota.

My commission expires 02-12-2020



[Handwritten Signature]

 (Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-2298

Uniform Alcoholic Beverage License Application

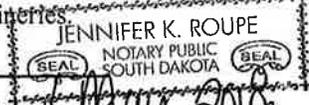
Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100

A. Owner Name and Mailing Address DAKOTA ROSE INC PO BOX 1083 NORTH SIOUX CITY, SD 57049 Owner's Telephone#: <u>605-232-9247</u>	B. Business Name and Address Lic # RB-2298 DAKOTA REDS II 103 MILITARY RD STE 2298 NORTH SIOUX CITY, SD 57049-3088 Business Telephone #: <u>605-232-3051</u>
C. Indicate the class of license being applied for (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>0</u> Is this License in active use? <input checked="" type="checkbox"/> Yes [] No	D. Legal description of licensed premise: <u>Lot 8, Nat'l add'l 9, Bureau Addition, Section 14, Township 89, Range 48</u> Have you ever been convicted of a felony? [] Yes <input checked="" type="checkbox"/> No Do you own or lease [] this property? (Check one) E. State Sales Tax Number: <u>1030-9193-STC</u> 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 <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 2-14-18 Print Name Sharon Niges 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: Union
This application was subscribed and sworn to before me this 14 day of May, 2018.
Approving Officer's Telephone Number 605-232-4276 Signature [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-2865

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

MILLER LIQUOR INC
PO BOX 98
NORTH SIOUX CITY, SD 57049-0098
Owner's Telephone# : (605) 232-9247

B. Business Name and Address

Lic # RB-2865
MILLER LIQUOR
101 MILITARY RD STE 2865
NORTH SIOUX CITY, SD 57049
Business Telephone #: 605-232-4616

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 9, 10, 11; Brumear Addition; Section 14; Township 89; Range 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: _____

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.

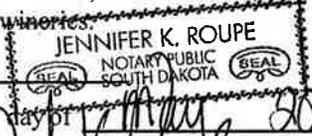
G. New license? _____ Transfer? (\$150) _____ Re-issuance?

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 5-14-18 Print Name Sharon Nilges 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: Union
This application was subscribed and sworn to before me this 14 day of May 2018
Approving Officer's Telephone Number 605-232-4276 Signature [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-2382

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 MILLER LIQUOR INC PO BOX 98 NORTH SIOUX CITY, SD 57049-0098 Owner's Telephone# : (605) 232-9247	B. Business Name and Address Lic # RB-2382 MILLER LIQUOR II 101 MILITARY RD STE 2382 NORTH SIOUX CITY, SD 57049 Business Telephone #: <u>605-232-4616</u>
C. Indicate the class of license being applied for (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>0</u> Is this License in active use? <input checked="" type="checkbox"/> Yes [] No	D. Legal description of licensed premise: <u>249, 10, 1; Bureau Addition; Section 14; Township 8; Range 48</u> 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) E. State Sales Tax Number: <u>1030-9194-STC</u> 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? <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.

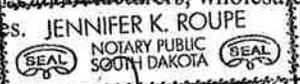
Date 5-14-18 Print Name Sharon Nilges Signature [Signature]

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: Union

This application was subscribed and sworn to before me this 14 day of May 2018

Approving Officer's Telephone Number 605-232-4276 Signature [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-2867

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

FOUR HORSEMEN LLC
PO BOX 680
NORTH SIOUX CITY, SD 57049
Owner's Telephone#: (605) 334-8905

B. Business Name and Address

Lic # RB-2867
TRIPLE CROWN CASINO #1
108 MILITARY RD STE 2867
NORTH SIOUX CITY, SD 57049-3169
Business Telephone #: (605) 232-4038

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: 4

Is this License in active use? Yes No

D. Legal description of licensed premise:

Southeast half of outlet 3 and all of outlet 4 except lot E12 in government lot 2 of 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: 1011-5620-STC

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

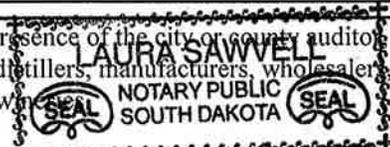
F. Contact the TTB for Federal Alcohol registration at 1-800-937-8864.

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 5/9/18 Print Name Kirby Muilenburg 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: Union

This application was subscribed and sworn to before me this 9 day of May 2018

July 29, 2020

Approving Officer's Telephone Number _____ Signature [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 9 of May 2018, Minnehaha County, State of South Dakota.

My commission expires My Commission Expires July 29, 2020

 (Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-3585

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

FOUR HORSEMEN LLC
PO BOX 680
NORTH SIOUX CITY, SD 57049
Owner's Telephone#: (605) 334-8905

B. Business Name and Address

Lic # RB-3585
TRIPLE CROWN CASINO #2
110 MILITARY RD STE B
NORTH SIOUX CITY, SD 57049-3169
Business Telephone #: (605) 232-4038

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: 4

Is this License in active use? Yes [] No

D. Legal description of licensed premise:

Southeast half of outlet 3 and all of outlet 4 except lot E12 in government lot 2 of 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: 1030-9267-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 5/9/18 Print Name Kirby Mulenburg Signature _____

I. Any application required to be submitted to a local governing board must be signed in the presence of 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: Union

This application was subscribed and sworn to before me this 9 day of May 2018 My Commission Expires July 29, 2020

Approving Officer's Telephone Number _____ Signature Laura Sawwell

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

Licence No. RB-2276

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

FREEDOM INC OF N SIOUX CITY
PO BOX 188
NORTH SIOUX CITY, SD 57049
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2276
WHISTLESTOP CASINO #2
200 RIVER DR STE #2
NORTH SIOUX CITY, SD 57049-3121
Business Telephone #: (605) 232-4867

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:

WATERBURY TRACT 1 GOVT 3,
OUT LOT 5 NORTH SIOUX CITY SD

Have you ever been convicted of a felony? Yes No

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

E. State Sales Tax Number: 1030-9380-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.

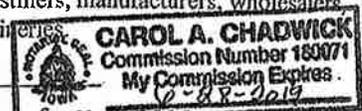
Date 5/10/2018 Print Name Robert W. Houlihan Signature _____

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: Union

This application was subscribed and sworn to before me this 10th day of May 2018

Approving Officer's Telephone Number _____ Signature Carol A. Chadwick



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)
)
 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 1/10/92
 Date of last report filed with Secretary of State 4/24/18
 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 liquor outlet:

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

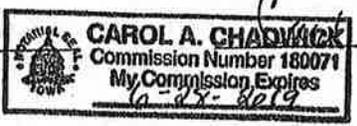
Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc?

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 Robert W. Soule

Subscribed and sworn to before me this 10th of May, 2018 County, State of South Dakota.

My commission expires 6/28/2019



Carol A. Chadwick
 (Notary Public)

Date Received _____
Date Issued _____

2018-2019

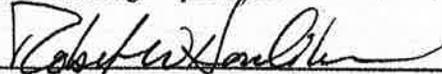
License No. RB-2902

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 FREEDOM INC OF N SIOUX CITY PO BOX 188 NORTH SIOUX CITY, SD 57049 Owner's Telephone# : _____	B. Business Name and Address Lic # RB-2902 WHISTLESTOP CASINO #5 200 RIVER DR STE #5 NORTH SIOUX CITY, SD 57049-3121 Business Telephone #: (605) 232-4867
C. Indicate the class of license being applied for (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>0</u> Is this License in active use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Legal description of licensed premise: WATERBURY TRACT 1 GOVT LOT 3, OUT LOT 5 NORTH SIOUX CITY SD Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own <input checked="" type="checkbox"/> or lease <input type="checkbox"/> this property? (Check one) E. State Sales Tax Number: <u>1030-9383-STC</u> Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent F. Contact the ITB for Federal Alcohol registration at 1-800-937-8864. G. New license? _____ Transfer? (\$150) _____ Re-issuance? <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.

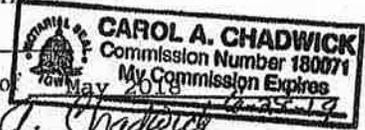
Date 5/10/2018 Print Name Robert W. Houlihan Signature 

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: Union

This application was subscribed and sworn to before me this 10th day of May 2018

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.

State of South Dakota)

Affidavit

: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 1/10/92
 Date of last report filed with Secretary of State 4/24/18
 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 liquor 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:

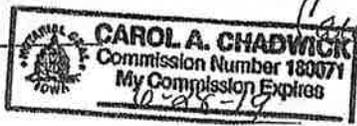
That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to 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 Robert Sulik

Subscribed and sworn to before me this 20th of May 2018 County, State of South Dakota.

My commission expires 6/28/2019



Carol A. Chadwick
 (Notary Public)

Date Received _____
Date Issued _____

2018-2019

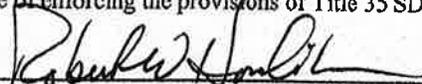
License No. RB-2872

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 FREEDOM INC OF N SIOUX CITY PO BOX 188 NORTH SIOUX CITY, SD 57049 Owner's Telephone#: _____	B. Business Name and Address Lic # RB-2872 WHISTLESTOP CASINO #4 200 RIVER DR STE #4 NORTH SIOUX CITY, SD 57049-3121 Business Telephone #: (605) 232-4867
C. Indicate the class of license being applied for (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>0</u> Is this License in active use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Legal description of licensed premise: WATERBURY TRACT 1 GOVT 3, OUT LOT 5 NORTH SIOUX CITY SD Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own <input checked="" type="checkbox"/> or lease <input type="checkbox"/> this property? (Check one) E. State Sales Tax Number: <u>1030-9382-STC</u> 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? <input checked="" type="checkbox"/>

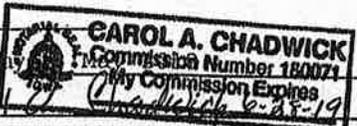
H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department 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 5/10/2018 Print Name Robert W. Houlihan 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: Union

This application was subscribed and sworn to before me this 10th

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.

State of South Dakota)

Affidavit

)
: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 1/10/92
 Date of last report filed with Secretary of State 4/24/18
 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 liquor 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?

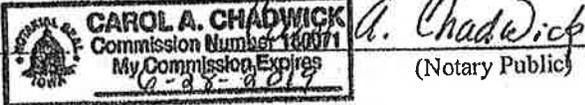
With signature the applicant agrees to the following:
 That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of 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 Robert J. Smith

Subscribed and sworn to before me this 10th of May, 2018 County, State of South Dakota.

My commission expires 6/28/2019



(Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-2266

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

FREEDOM INC OF N SIOUX CITY
PO BOX 188
NORTH SIOUX CITY, SD 57049
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2266
WHISTLESTOP CASINO #3
200 RIVER DR STE #3
NORTH SIOUX CITY, SD 57049-3121
Business Telephone #: (605) 232-4867

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:

WATERBURY TRACT 1 GOVT LOT 3,
OUT LOT 5 NORTH SIOUX CITY SD

Have you ever been convicted of a felony? Yes No

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

E. State Sales Tax Number: 1030-9381-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.

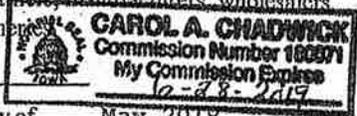
Date 5/10/2018 Print Name Robert W. Houlihan Signature Robert W. Houlihan

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: Union

This application was subscribed and sworn to before me this 10th day of May 2018

Approving Officer's Telephone Number _____ Signature Carol A. Chadwick



J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on _____, not less than SEVEN (7) days after official publication. 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)
)
 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 1/10/92
 Date of last report filed with Secretary of State 4/24/18
 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 liquor 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:

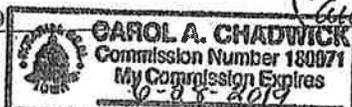
That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to 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 Robert W. Souther

Subscribed and sworn to before me this 10th of May, 2018, _____ County, State of South Dakota.

My commission expires 6/28/2019



Carol A. Chadwick
 (Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-23373

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 QUAN HOLDINGS INC PO BOX 88250 SIOUX FALLS, SD 57109 Owner's Telephone# : _____	B. Business Name and Address Lic # RB-23373 TRIPLE CROWN CASINO 4 108 MILITARY RD STE 4 NORTH SIOUX CITY, SD 57049-3169 Business Telephone #: (605) 334-8905
--	--

C. Indicate the class of license being applied for (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>4</u> Is this License in active use? [] Yes [X] No	D. Legal description of licensed premise: <u>Southeast half of outlet 3 and all of outlet 4 except lot E12 in government lot 2 of 14-09-4B rm 4</u> Have you ever been convicted of a felony? [] Yes [X] No Do you own [] or lease [X] this property? (Check one) E. State Sales Tax Number: <u>1031-3552-STC</u> 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 <u>1-800-937-8864.</u> G. New license? _____ Transfer? (\$150) _____ Re-issuance? [X]
--	---

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.

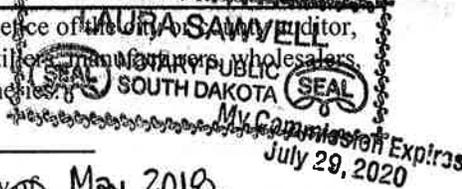
Date 5/9/18 Print Name Kirby Muilenburg Signature _____

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

Place of business is located in a municipality? [X] Yes [] No County: Union

This application was subscribed and sworn to before me this 9 day of May 2018

Approving Officer's Telephone Number _____ Signature Laura Samwell



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 9 of May 2018, Minnehaha

My commission expires My Commission Expires July 29, 2020



(Signature)
(Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-23374

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

QUAN HOLDINGS INC
PO BOX 88250
SIOUX FALLS, SD 57109
Owner's Telephone#: (605) 334-8905

B. Business Name and Address

Lic # RB-23374
TRIPLE CROWN CASINO 5
108 MILITARY RD STE 5
NORTH SIOUX CITY, SD 57049-3169
Business Telephone #: (605) 334-8905

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: 4

Is this License in active use? [] Yes No

D. Legal description of licensed premise:

Southeast half of outlet 3 and all of outlet 4 except lot E12 in government lot 2 of 14-89-48 r1m5

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

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

E. State Sales Tax Number: 1031-3553-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 5/9/18 Print Name Kirby Mullenburg Signature [Signature]

I. Any application required to be submitted to a local governing board must be signed in the presence of the City or Town Clerk, the town clerk or notary public. This applies to ALL applications EXCEPT the following: distilled spirits, wine, and farm wineries. Yes

Place of business is located in a municipality? Yes [] No County: Minnehaha Union

This application was subscribed and sworn to before me this 9 day of May 2018

Approving Officer's Telephone Number _____ Signature [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-23375

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

QUAN HOLDINGS INC
PO BOX 88250
SIOUX FALLS, SD 57109
Owner's Telephone#: (605) 334-8905

B. Business Name and Address

Lic # RB-23375
TRIPLE CROWN CASINO 6
108 MILITARY RD STE 6
NORTH SIOUX CITY, SD 57049-3169
Business Telephone #: (605) 334-8905

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: 4
Is this License in active use? [] Yes [X] No

D. Legal description of licensed premise:

Southeast half of outlet 3 and all of outlet 4 except lot E12 in government lot 2 of 14-89-48 rmb

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

E. State Sales Tax Number: 1031-3554-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? [X]

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 5/9/18 Print Name Kirby Muilenburg Signature _____

I. Any application required to be submitted to a local governing board must be signed in the presence of 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? [X] Yes [] No County: Union

This application was subscribed and sworn to before me this 9 day of May 2018

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 9 of May 2018, Minnehaha County, State of South Dakota

My commission expires July 29, 2020

Laura Sawwell
(Notary Public)



Date Received _____
Date Issued _____

2018-2019

License No. RB-2901

Uniform Alcoholic Beverage License Application

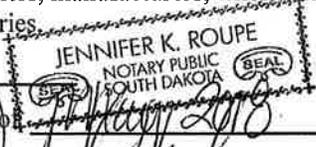
Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100

A. Owner Name and Mailing Address SKY JC INC 103 N HWY 105 NORTH SIOUX CITY, SD 57049-3042 Owner's Telephone# : _____	B. Business Name and Address Lic # RB-2901 SKYS THE LIMIT CASINO 103 N HIGHWAY 105 STE 2901 NORTH SIOUX CITY, SD 57049-3042 Business Telephone #: _____
C. Indicate the class of license being applied for (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	D. Legal description of licensed premise: Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own <input type="checkbox"/> or lease <input type="checkbox"/> this property? (Check one) E. State Sales Tax Number: <u>1030-8908-STC</u> 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? <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 5-15-18 Print Name JUAN A CHRISTIANSEN Signature Juan A. Christiansen

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: Union
This application was subscribed and sworn to before me this 15 day of May 2018
Approving Officer's Telephone Number 605-232-4276 Signature [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-2887

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 SKY JC, INC 103 N HWY 105 NORTH SIOUX CITY, SD 57049-3042 Owner's Telephone# : _____	B. Business Name and Address Lic # RB-2887 SKYLINE BAR & CASINO 103 N HIGHWAY 105 STE 2887 NORTH SIOUX CITY, SD 57049-3042 Business Telephone #: _____
C. Indicate the class of license being applied for (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	D. Legal description of licensed premise: Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own <input type="checkbox"/> or lease <input type="checkbox"/> this property? (Check one) E. State Sales Tax Number: <u>1030-8907-STC</u> 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? <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 5-15-18 Print Name JOAN A CHRISTIANSEN Signature Joan A. Christiansen

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: Union

This application was subscribed and sworn to before me this 15 day of BEAL SCOTLAND, SOUTH DAKOTA, 2018

Approving Officer's Telephone Number 605-232-4276 Signature Jennifer K. Roupe

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
 Renewal - no public hearing held
 Are real property taxes paid to date? Yes No
 Amount of fee collected with application \$ _____
 Ineligible for video lottery
 Amount of fee retained \$ _____
 Number of video lottery terminals on licensed premise: _____
 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 SKY JC, INC
 Address of office and principal place of business of corporation/partnership/LP/LLC 103 No Hwy 105, No SIOUX CITY
 Date of incorporation 1983
 Date of last report filed with Secretary of State 2017
 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
JOHN A CHRISTIANSEN	PRES	183 SUNCOAST DR, NO SIOUX CITY	OWNER / OPERATOR
JANELLE C HUTTON	VP	2018 BAYBERRY CT, SIOUX CITY IA	MGR

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

Name	Address	Occupation
<i>[Signature]</i>		

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

Name	Address	Percentage of Shares
<i>[Signature]</i>		

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

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 *John A. Christiansen*

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-2912

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

THE GLASS PALACE/GLASS SLIPPER, INC
430 HIGHWAY 105 N
NORTH SIOUX CITY, SD 57049-3023
Owner's Telephone# : (605) 232-4393

B. Business Name and Address

Lic # RB-2912
THE GLASS PALACE
129 WATIER ST ~~SD 57049~~
NORTH SIOUX CITY, SD 57049-3023
Business Telephone #: (605) 232-4018

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:

*LOTS 1, 2, 3 Block 8
ORIGINAL N. SIOUX CITY
Township 89N, Range 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: 1016-1659-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 5-9-18 Print Name DENNIS BURNIGHT Signature Dennis Burnight

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: LEWIS

This application was subscribed and sworn to before me this 9th day of May, 2018

Approving Officer's Telephone Number _____ Signature Shelby

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)
)
 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 liquor 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 X Dennis Buesing

Subscribed and sworn to before me this 9th of May, 2018 County, State of South Dakota.

My commission expires 9-1-22
[Signature]
 (Notary Public)