Date Received _____
Date Issued _____

2018-2019

License No. RB-2878

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

ZORT BROTHERS INC
105 S DERBY LN
NORTH SIOUX CITY, SD 57049-3195
Owner's Telephone# : (712) 281-4009

B. Business Name and Address

Lic # RB-2878
ZORTS PRIME TIME CASINO STE 2878
105 S DERBY LN STE 2878
NORTH SIOUX CITY, SD 57049-3195
Business Telephone #: (605) 232-9029

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
- [X] 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? [X] Yes [ ] No

D. Legal description of licensed premise:
Lot 1 of Lot A Block Plat of Addition
Tract 1 of Lot A Section NE 1/4
SW 1/4 Section 15 Township 89 W Range 48

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

E. State Sales Tax Number: 1030878335tc

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 5-15-18 Print Name Jim Zortman 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? [X] Yes [ ] No County: _____

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

Approving Officer's Telephone Number _____ Signature _____

J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on_____. Public hearing on the application was held_____, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local and South Dakota law.

Application approved for Sunday on-sale operation? [ ] Yes [ ] No
Are real property taxes paid to date? [ ] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise:_____

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

For Local Government Use

(Seal) _____
Mayor or Chairman
If disapproved, endorse reason thereon and return to applicant

Transferred (State Use)

From _____
Sales tax approval_____ Date _____

STATE LIQUOR AUTHORITY: APPROVAL _____ **REVIEW** _____

Please complete reverse side

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

State of South Dakota)
:ss
County of Union)

Affidavit

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

Name of corporation/partnership/LP/LLC Zort Bros Inc
Address of office and principal place of business of corporation/partnership/LP/LLC 105 S. Derby Ln NSC SD
Date of incorporation 7-15-1983
Date of last report filed with Secretary of State 6-21-11
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
James C Zortman	Pres	615 W Timber Rd NSC SD	Business

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

Name	Address	Occupation
Same		

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

Name	Address	Percentage of Shares
Same		

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

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

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

With signature the applicant agrees to the following:

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

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

Signature of Authorized Officer/Director/Partner _____

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

My commission expires _____

_____
(Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-2256

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

ZORT BROTHERS INC
105 S DERBY LN
NORTH SIOUX CITY, SD 57049-3195
Owner's Telephone# : (712) 281-4009

B. Business Name and Address

Lic # RB-2256
ZORTS PRIME TIME CASINO STE 2256
105 S DERBY LN STE 2256
NORTH SIOUX CITY, SD 57049-3195
Business Telephone #: 605 232 9079

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

D. Legal description of licensed premise:
Lot 1 of Lot A Block Replat of Taylor Tract 1 of Lot A Section NE¼ of SW¼ Section 15 Township Township 89w Range 48A

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

E. State Sales Tax Number: 1030-8779-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 5-15-18 Print Name Tim Zortman 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? [X] Yes [ ] No County: _____

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

Approving Officer's Telephone Number _____ Signature _____

J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on_____. Public hearing on the application was held_____, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local and South Dakota law.

Application approved for Sunday on-sale operation? [ ] Yes [ ] No
Are real property taxes paid to date? [ ] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise:_____

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

For Local Government Use

(Seal) _____
Mayor or Chairman
If disapproved, endorse reason thereon and return to applicant

Transferred (State Use)

From _____
Sales tax approval_____ Date _____

STATE LIQUOR AUTHORITY: APPROVAL _____ **REVIEW** _____

Please complete reverse side

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

State of South Dakota)
:ss
County of Union)

Affidavit

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

Name of corporation/partnership/LP/LLC Zort Bros Inc
Address of office and principal place of business of corporation/partnership/LP/LLC 105 S Derby Ln. NSC SD
Date of incorporation 7-5-83
Date of last report filed with Secretary of State 6-27-17
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
James C Zortman	Pres	6015 W. Timber Rd NSC, SD	Business

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

Name	Address	Occupation
Same		

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

Name	Address	Percentage of Shares
Same		

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

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

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

With signature the applicant agrees to the following:

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

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

Signature of Authorized Officer/Director/Partner _____

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

My commission expires _____ _____
(Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-2422

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

ZORT BROTHERS INC
105 S DERBY LN
NORTH SIOUX CITY, SD 57049-3195
Owner's Telephone# : (712) 281-4009

B. Business Name and Address

Lic # RB-2422
ZORTS PRIME TIME CASINO STE 2422
105 S DERBY LN STE 2422
NORTH SIOUX CITY, SD 57049-3195
Business Telephone #: 605 232 9079

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
- [X] 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? [X] Yes [ ] No

D. Legal description of licensed premise:
Lot 1 of Lot A Block Replat Taylor Tract Lot A Section NE¼ SW¼ Section 15 Township 89N Range 48W

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

E. State Sales Tax Number: 1030-8780-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 5-15-18 Print Name Tim Zortman 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? [X] Yes [ ] No County: _____

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

Approving Officer's Telephone Number _____ Signature _____

J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on_____. Public hearing on the application was held_____, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local and South Dakota law.

Application approved for Sunday on-sale operation? [ ] Yes [ ] No
Are real property taxes paid to date? [ ] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise:_____

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

For Local Government Use

(Seal) _____
Mayor or Chairman
If disapproved, endorse reason thereon and return to applicant

Transferred (State Use)

From _____
Sales tax approval_____ Date _____

STATE LIQUOR AUTHORITY: APPROVAL _____ REVIEW _____

Please complete reverse side

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

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

State of South Dakota)
:ss
County of Union)

Affidavit

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

Name of corporation/partnership/LP/LLC Zort Bros Inc
Address of office and principal place of business of corporation/partnership/LP/LLC 105 S. Derby Ln NSC SD
Date of incorporation 7-5-83
Date of last report filed with Secretary of State 6-27-17
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
James C Zortman	Pres	1015 W. Timber Rd NSC SD	Business

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

Name	Address	Occupation
Same		

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

Name	Address	Percentage of Shares
Same		

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

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

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

With signature the applicant agrees to the following:

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

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

Signature of Authorized Officer/Director/Partner _____

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

My commission expires _____ _____
(Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-2425

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

ZORT BROTHERS INC
105 S DERBY LN
NORTH SIOUX CITY, SD 57049-3195
Owner's Telephone# : (712) 281-4009

B. Business Name and Address

Lic # RB-2425
ZORTS PRIME TIME CASINO STE 2425
105 S DERBY LN STE 2425
NORTH SIOUX CITY, SD 57049-3195
Business Telephone #: (605) 232-9029

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
- [X] 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? [X] Yes [ ] No

D. Legal description of licensed premise:
Lot 1 of Lot A Replat Taylor Tract
1 of Lot A NE¼ SW¼ Section 15 Township
93N Range 48W

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

E. State Sales Tax Number: 1030-8781-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 5-15-18 Print Name Tim Zortman 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? [X] Yes [ ] No County: _____

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

Approving Officer's Telephone Number _____ Signature _____

J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on_____. Public hearing on the application was held_____, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local and South Dakota law.

Application approved for Sunday on-sale operation? [ ] Yes [ ] No
Are real property taxes paid to date? [ ] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise:_____

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

For Local Government Use

(Seal) _____
Mayor or Chairman
If disapproved, endorse reason thereon and return to applicant

Transferred (State Use)

From _____
Sales tax approval_____ Date _____

STATE LIQUOR AUTHORITY: APPROVAL_____ REVIEW_____

Please complete reverse side

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

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

State of South Dakota)
:ss
County of Union)

Affidavit

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

Name of corporation/partnership/LP/LLC Zoot Boos Inc
Address of office and principal place of business of corporation/partnership/LP/LLC 125 S. Derby Ln. NSC SD
Date of incorporation 7-5-83
Date of last report filed with Secretary of State 6-27-17
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
James C Zootman	Pres	606 W. Timber Rd NSC, SD	Business

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

Name	Address	Occupation
Same		

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

Name	Address	Percentage of Shares
Same		

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

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

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

With signature the applicant agrees to the following:

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

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

Signature of Authorized Officer/Director/Partner _____

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

My commission expires _____ _____
(Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-2438

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

ZORT BROTHERS INC
105 S DERBY LN
NORTH SIOUX CITY, SD 57049-3195
Owner's Telephone# : (712) 281-4009

B. Business Name and Address

Lic # RB-2438
ZORTS PRIME TIME CASINO STE 2438
105 S DERBY LN STE 2438
NORTH SIOUX CITY, SD 57049-3195
Business Telephone #: 605 232 9089

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
- [X] 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? [X] Yes [ ] No

D. Legal description of licensed premise:
Lot 1 of Block 14 Replat of Plat addition Tract 1 of Lot A Section NE¼ SW¼ Section 15 Township Range 49N

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

E. State Sales Tax Number: 1030-8782-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 5-15-18 Print Name Tim Zortman 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? [X] Yes [ ] No County: _____

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

Approving Officer's Telephone Number _____ Signature _____

J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on_____. Public hearing on the application was held_____, not less than SEVEN (7) days after official publication. The governing body by majority vote recommends the approval and granting of this license and certifies that requirements as to location and suitability of premises and applicant have been reviewed and conform to the requirements of local and South Dakota law.

Application approved for Sunday on-sale operation? [ ] Yes [ ] No
Are real property taxes paid to date? [ ] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise:_____

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

For Local Government Use

(Seal) _____
Mayor or Chairman
If disapproved, endorse reason thereon and return to applicant

Transferred (State Use)

From _____
Sales tax approval_____ Date _____

STATE LIQUOR AUTHORITY: APPROVAL _____ **REVIEW** _____

Please complete reverse side

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

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

State of South Dakota)
:ss
County of Union)

Affidavit

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

Name of corporation/partnership/LP/LLC Zart Bros Inc
Address of office and principal place of business of corporation/partnership/LP/LLC 105 S. Derby Ln. NSC, SD
Date of incorporation 7-5-83
Date of last report filed with Secretary of State 6-27-17
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
James C. Zartman	Pres	615 W. Timber Rd NSC, SD	Business

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

Name	Address	Occupation

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

Name	Address	Percentage of Shares

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

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

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

With signature the applicant agrees to the following:

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

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

Signature of Authorized Officer/Director/Partner _____

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

My commission expires _____ _____
(Notary Public)

Date Received _____
Date Issued _____

2018-2019

License No. RB-2365

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

BET ON BROWN INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2365
FREEWAY CLARK- SUITE D
1312 RIVER DR STE 2365
NORTH SIOUX CITY, SD 57049
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise: CITGO lot of Block 1, less the South 202 ft of Supreme Park, 1st Addition in the NW 6.53/4 of Section 15 / T89N / R 46W, 5th PM of NSC, SD, Union

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

E. State Sales Tax Number: 1030-8677-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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, wineries, municipalities, airports, solicitors, dispensers, carriers, transportation companies, and farm wineries.

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

This application was subscribed and sworn to before me this 16 day of May, 18

Approving Officer's Telephone Number 765-9133 Signature Kellee D Persoon

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: _____

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)
:ss **Affidavit**
County of)

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

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

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

Name	Office	Address	Occupation

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

Name	Address	Occupation

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

Name	Address	Percentage of Shares

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

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

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

_____

With signature the applicant agrees to the following:

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

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

Signature of Authorized Officer/Director/Partner Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18 Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2852

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

BET ON BROWN INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2852
HIDEAWAY CASINO #1
1312 RIVER DR STE 2852
NORTH SIOUX CITY, SD 57049-3000
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise: CITGO lot of Block 1 Less South 202 ft of So Park Park, 1st addition in the NW 6.53/4 of Section 15/ T89N/ R 48W, 5th pm of NSC, SD union

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

E. State Sales Tax Number: 1030-8675-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5/16/18 Print Name Jim Brown Signature Jim Brown

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.

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

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

This application was subscribed and sworn to before me this 16 day of May 18

Approving Officer's Telephone Number 765-9133 Signature Kellee D Persoon

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)
: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 Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18

Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
NOTARY PUBLIC
SOUTH DAKOTA
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2142

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

BET ON BROWN INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2142
FREEWAY CLARK SUITE 2142
1312 RIVER DR STE 2142
NORTH SIOUX CITY, SD 57049-3000
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
CITGO lot of Block 1, less South 202 ft of Sodrac Park, 1st Addition in the NW 6.5 3/4 of Section 15/T89N/R 48W, 5th PM of NSC, SD, Union

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

E. State Sales Tax Number: 1030-8671-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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? [X] Yes [ ] No County: _____

This application was subscribed and sworn to before me this 16th day of May 18

Approving Officer's Telephone Number 765-9133 Signature Kellee D Persoon

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

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)
: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 Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18 Kellee D Persoon (Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Expr. 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-3535

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

BET ON BROWN INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-3535
HIDEAWAY CASINO STE 3535
1312 RIVER DR STE 3535
NORTH SIOUX CITY, SD 57049-3000
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
CTCO Lot of Block 1, less South 202 ft of Sodrall Park 1st Addition. in the NW 6.53/4 of Section 15/T8/99N/R 48W, 5th pm. NSC. SD. Union

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

E. State Sales Tax Number: 1030-8676-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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? [X] Yes [ ] No County: _____

This application was subscribed and sworn to before me this 16 day of May 18

Approving Officer's Telephone Number 765 9133 Signature Kellee D Persoon

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

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)
: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.

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Signature of Authorized Officer/Director/Partner Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18

Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2886

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

BET ON BROWN INC
1301 RIVER DR STE F
NORTH SIOUX CITY, SD 57049
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2886
GOODE TO GO
1301 RIVER DR STE 2886
NORTH SIOUX CITY, SD 57049
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
Lot C SE1/4 NW1/4 outlet. NSC
Less Lot H - 1 5/28 acres, Sec 15
T89 / R48

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

E. State Sales Tax Number: 1030-8678-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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.

KELLEE D. PERSSON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

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

This application was subscribed and sworn to before me this 16th day of May 18

Approving Officer's Telephone Number 765 9133 Signature Kellee D Persson

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)
: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 Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18 Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2877

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

BET ON BROWN INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2877
GOODE TO GO - STE 2877
1301 RIVER DR STE 2877
NORTH SIOUX CITY, SD 57049-3015
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
Lot C SE1/4 NW1/4 outlet. NSC Less lot H - 1 5/8 acres, Sec 15 T89 R48

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

E. State Sales Tax Number: 1030-8686-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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? [X] Yes [ ] No County: _____

This application was subscribed and sworn to before me this 16 day of May 18

Approving Officer's Telephone Number 765-9133 Signature Kellee D Persoon

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

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)
: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 Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota.

My commission expires 9-24-18 Kellee D Persoon (Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2873

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

BET ON BROWN INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2873
GOODE TO GO - STE 2873
1301 RIVER DR STE 2873
NORTH SIOUX CITY, SD 57049-3015
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
Lot 2 SE1/4 NW1/4 outlet NSC less lot H-1 5/28 acres, Sec 15 T89/R48

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

E. State Sales Tax Number: 1030-8684-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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? [X] Yes [ ] No County: _____

KELLEE D. PERSON SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL My Commission Exp: 9-24-18

This application was subscribed and sworn to before me this 16 day of May 18

Approving Officer's Telephone Number 7659133 Signature Kellee D Person

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)
: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 Jon Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18 Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2891

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

BET ON BROWN INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2891
GOODE TO GO - STE 2891
1301 RIVER DR STE 2891
NORTH SIOUX CITY, SD 57049-3015
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
lot C SE1/4 NW1/4 outlet, NSC
LESS lot H - 1 5/28 acres, Sec 15
T89 R48

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

E. State Sales Tax Number: 1030-8685-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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? [X] Yes [ ] No County: _____

This application was subscribed and sworn to before me this 16 day of May 18

Approving Officer's Telephone Number 765 9133 Signature Kellee D Persoon

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

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)
: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 Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18 Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2890

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

BET ON BROWN INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2890
GOODE TO GO STE 2890
1301 RIVER DR STE 2890
NORTH SIOUX CITY, SD 57049-3015
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
Lot C SE1/4, NW1/4 Outlet, NSC Less Lot H - 1 5/28 acres. Sec 15, T89 / R48

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

E. State Sales Tax Number: 1030-8681-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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? [X] Yes [ ] No County: _____

SEAL NOTARY PUBLIC SOUTH DAKOTA My Commission Exp. 9-24-18 SEAL

This application was subscribed and sworn to before me this 16 day of May 18

Approving Officer's Telephone Number 765 9133 Signature Kelley D Person

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)
: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 Jon Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18 Kellee D Persoon (Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2605

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

BET ON BROWN INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2605
GOODE TO GO - STE 2605
1301 RIVER DR STE 2605
NORTH SIOUX CITY, SD 57049-3015
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: 1
Number of other On-sale Liquor Licenses held: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
Lot C SE1/4, NW1/4 Outlet, NSC
LESS lot H - 1 9/28 acres, sec 15
T89 / R48

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

E. State Sales Tax Number: 1030-8683-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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? [X] Yes [ ] No County: _____

This application was subscribed and sworn to before me this 16 day of May 18

Approving Officer's Telephone Number 765-9133 Signature Kellee D Persoon

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

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)
: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 Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18 Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA
My Commission Expr. 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2904

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

BROWN ACES INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2904
SUGAR DADDY'S BAR STE 2904
100 MILITARY RD STE 2904
NORTH SIOUX CITY, SD 57049-3169
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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:_____
Number of other On-sale Liquor Licenses held: 1
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
NE 1/4 of outlet 5 Gov't lot 2 Section 14 / T89N / R48 West of the 5th pm, NSC, 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: 1030-5324-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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.

KELLEE D. PERSON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

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

This application was subscribed and sworn to before me this 16th day of May, 2018

Approving Officer's Telephone Number 765-9133 Signature Kellee D Person

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)
: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 Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18

Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Expr. 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2928

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

BROWN ACES INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2928
SUGAR DADDY'S BAR STE 2928
100 MILITARY RD STE 2928
NORTH SIOUX CITY, SD 57049-3169
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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:_____
Number of other On-sale Liquor Licenses held: 1
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
NE1/4 of outlet 5 Bor't lot 2 Section 14/ T89N/R48 West of the 5th pm, NSC, 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: 1030-5325-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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? [X] Yes [ ] No County: _____

This application was subscribed and sworn to before me this 16th day of May, 18

Approving Officer's Telephone Number 765-9133 Signature Kellee D Persoon

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL
My Commission Exp: 9-24-18

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)
: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 Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18 Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-2264

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

BROWN ACES INC
PO BOX 1757
NORTH SIOUX CITY, SD 57049-1757
Owner's Telephone# :

B. Business Name and Address

Lic # RB-2264
SUGAR DADDY'S BAR STE 2264
100 MILITARY RD STE 2264
NORTH SIOUX CITY, SD 57049-3169
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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:_____
Number of other On-sale Liquor Licenses held: 1
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
NE¼ of outlet 5 Gov't lot 2 Section 14 / T89N / R 49 West of the 5th PM, NSC, 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: 1030-5323-STC

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

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

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

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose of enforcing the provisions of Title 35 SDCL, as amended.

Date 5-16-18 Print Name Jim Brown Signature Jim Brown

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? [X] Yes [ ] No County: _____

This application was subscribed and sworn to before me this 16 day of May 2018

Approving Officer's Telephone Number 765-9133 Signature Kellee D. Persoon

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA
My Commission Expires 09-24-18

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)
: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 Jim Brown

Subscribed and sworn to before me this 16 of May, 2018, Potter County, State of South Dakota

My commission expires 9-24-18

Kellee D Persoon
(Notary Public)

KELLEE D. PERSOON
SEAL NOTARY PUBLIC SEAL
SOUTH DAKOTA
My Commission Exp: 9-24-18

Date Received _____
Date Issued _____

2018-2019

License No. RB-3707

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

INTREPID VENTURES OPERATING LLC
416 E ASPEN DR
SIOUX FALLS, SD 57105-6941
Owner's Telephone# : (605) 333-0515

B. Business Name and Address

Lic # RB-3707
CASINO MONACO STE 1
210 MILITARY RD STE 1
NORTH SIOUX CITY, SD 57049-3170
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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 A Lots 1-8 Grabbed Addition North Sioux City

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 5-15-18 Print Name Rick Law 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? [X] Yes [ ] No County: Union

This application was subscribed and sworn to before me this 15th day of May 2018

Approving Officer's Telephone Number 605-351-1530 Signature _____

DAVID CHAPMAN
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

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)
: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 15th of May 2018, Minnehaha County, State of South Dakota.

My commission expires 3-11-22

_____ (Notary Public)

DAVID CHAPMAN
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL

Date Received _____
Date Issued _____

2018-2019

License No. RB-3708

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

INTREPID VENTURES OPERATING LLC
416 E ASPEN DR
SIOUX FALLS, SD 57105
Owner's Telephone# : (605) 333-0515

B. Business Name and Address

Lic # RB-3708
CASINO MONACO STE 2
210 MILITARY RD STE 2
NORTH SIOUX CITY, SD 57049-3170
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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: _____
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:
Lots A Lots 1-8 Grabbed Addition
North Sioux City

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

E. State Sales Tax Number: 1030-9272-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 5-15-18 Print Name Rick Law 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? [X] Yes [ ] No County: Union

This application was subscribed and sworn to before me this 15th day of May 2018

Approving Officer's Telephone Number 605-351-1530 Signature _____

DAVID CHAPMAN
NOTARY PUBLIC
SEAL
SOUTH DAKOTA

J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on_____ 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)
: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 15th of May 2018, Minnehaha County, State of South Dakota.

My commission expires 3-16-22

(Notary Public)

DAVID CHAPMAN
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

Date Received _____
Date Issued _____

2018-2019

License No. RB-2272

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

INTREPID VENTURES OPERATING LLC
416 E ASPEN DR
SIOUX FALLS, SD 57105
Owner's Telephone# : (605) 333-0515

B. Business Name and Address

Lic # RB-2272
CASINO MONACO STE 3
210 MILITARY RD STE 3
NORTH SIOUX CITY, SD 57049-3170
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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 A Lots 1-8 Block 1 Grabbed Addition North Sioux City

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

E. State Sales Tax Number: 1030-9274-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 5-15-18 Print Name Rick Law 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? [X] Yes [ ] No County: Union

This application was subscribed and sworn to before me this 15th day of May 2018

Approving Officer's Telephone Number 605-351-1530 Signature _____

DAVID CHAPMAN
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

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)
: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 15th of May 2018, Minnehaha County, State of South Dakota.

My commission expires 3-11-22

(Notary Public)

DAVID CHAPMAN
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

Date Received _____
Date Issued _____

2018-2019

License No. RB-2383

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

INTREPID VENTURES OPERATING LLC
416 E ASPEN DR
SIOUX FALLS, SD 57105
Owner's Telephone# : (605) 333-0515

B. Business Name and Address

Lic # RB-2383
CASINO MONACO STE 4
210 MILITARY RD STE 4
NORTH SIOUX CITY, SD 57049-3170
Business Telephone #:

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

- [ ] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [X] 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 A Lots 1-8 Grabbel Addition
North Sioux City

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

E. State Sales Tax Number: 1030-9275-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 5-15-18 Print Name Rick Law 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? [X] Yes [ ] No County: Union

This application was subscribed and sworn to before me this 15th day of May 2018

Approving Officer's Telephone Number 605-351-1530 Signature _____

DAVID CHAPMAN NOTARY PUBLIC SOUTH DAKOTA SEAL

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)
: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 15th of May 2018, Minnehaha County, State of South Dakota.

My commission expires 3-11-22

_____
(Notary Public)

DAVID CHAPMAN
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

Date Received _____
Date Issued _____

2018-2019

License No. RB-20329

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

RJS LLC
663 N DERBY LN STE D
NORTH SIOUX CITY, SD 57049-5455
Owner's Telephone# : (605) 242-6617

B. Business Name and Address

Lic # RB-20329
TOWNHOUSE PIZZA
100 MARIE AVE
NORTH SIOUX CITY, SD 57049
Business Telephone #: (712) 251-1805

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
- [X] 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:_____
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: 1026-1359-ST

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 5-12-18 Print Name Aaron Dominowski 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? [X] Yes [ ] No County: _____

This application was subscribed and sworn to before me this 12th day of May

Approving Officer's Telephone Number 712-490-0683 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)
: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, Union County, State of South Dakota.

My commission expires 12/11/18 NOTARIAL SEAL LINDA DOMINOWSKI Commission Number 744338 My Commission Expires 12/11/18 IOWA (Notary Public)