| Date Received | |
|---------------|--|
| Date Issued | |

| License No |
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Uniform Alcoholic Beverage License Application

| A. Owner Name and Address | B. Business Name and Address |
|--|--|
| Shelley Dragoo 147 Grand Are Lead 5D 57754 | American Legion Auxiliary #310 La PO Box 31 Deadwood 5D 57732 |
| Owner's Telephone #: 605-920-2237 | Business Telephone #: 606-920-2237 |
| C. Indicate the class of license being applied for | Place of business is located in a municipality? Yes No |
| (submit separate application for each class of license). | County: Law Yence Do you own or lease this property? Own Lease |
| Retail (on-sale) Liquor Retail (on-sale) Liquor - Restaurant Convention Center (on-sale) Liquor | Are real property taxes paid to date? Yes No |
| Package (off-sale) Liquor | D. Legal description of licensed premise: |
| Retail (on-off sale) Wine and Cider Retail (on-off sale) Malt Beverage & SD Farm Wine Package Delivery Hunting Preserve Other Special | Int lot Center Parking Lot |
| Is this license in active use? Yes No | Have you ever been convicted of a felony? Yes No |
| Do you or any officers, directors, partners, or stockholders | E. State Sales Tax Number 1003 - 1959 - SD |
| hold any other alcohol retail, manufacturing, or wholesaler licenses? Yes Mo If Yes, please list on the back page. | F. New license Transfer? (\$150) Re-issuance |
| true and correct; that the said applicant complies with all of the for and in addition agrees to permit agents of the Department provided in SDCL 35-2-2.1, and agrees this application shall Dakota entitling the same or any peace officers to inspect the enforcing the provisions of Title 35 SDCL, as amended. Date 5-6-22 Print Name Shelley M Dragoon H. APPROVAL OF LOCAL GOVERNING BODY – Notice the hearing on the application was held, governing body by majority vote recommends the approval a location and suitability of premises and applicant have been a Dakota law. | of hearing was published on Public not less than SEVEN (7) days after official publication. The and granting of this license and certifies that requirements as to |
| Renewal - no public hearing held Amount of fee collected with application \$ | |
| Amount of fee retained \$ | |
| Forwarded with application \$ | |
| For Local Government Use | Transferred (State Use) |
| | From: |
| (Seal) Mayor or Chairman | Sales tax approval Date |
| | STATE LIQUOR AUTHORITY: |
| If disapproved, endorse reason thereon and return to applicant | APPROVAL REVIEW |