* This application must be typewritten or printed in ink. To process the application, it must be submitted with the required documents.
* The completed Special Alcohol Beverage License application must be received in Finance Office thirty (30) days before the scheduled event

**Applicant information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Organization/Business information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 The above Special Alcohol license is for one time use only for the event and date of event as specified. Any other use is not permitted.

Proof of Certificate of Liquor Liability insurance must be provided before the Special Sale License can be approved.

Check which license(s) you currently hold (check applicable):

 ☐ Malt Beverage ☐ On-Sale ☐ Non-Profit Beer Garden ☐ Not applicable

Check which license(s) are/is requested for special event:

 ☐ Malt Beverage $30.00 ☐ On-Sale $100.00 ☐ Non-Profit Beer Garden $25.00

**About the event**

Date(s) of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of event: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you own or lease the property? ☐ Yes ☐ No

Is the event location on City-owned property or in the right-of-way? ☐ Yes ☐ No

**Please include the following documents:**

• Copy of any current license(s) held

• Proof of insurance naming City of Colome as additionally insured party

• Lease agreement if premises are leased

• Map of premises where alcohol sales will occur

**Certificate:** The undersigned applicant certifies under the penalties of perjury, by law provided that all statements herein are true and correct; that said application complies with all of the statutory requirements for the 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 Title 35, and agrees that 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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature applicant Date

**Decision of Governing Body**

The governing body by majority vote [ ]  recommends/[ ]  rejects the approval and granting of this license. Approval of the application 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.

SEAL

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mayor-City of Colome

**For Office Use Only:**

Date application received (date and time): \_\_\_\_\_\_\_\_\_\_\_\_

Requisite documents received: Y / N

Approved: \_\_\_\_\_\_\_\_\_\_\_\_

Denied: \_\_\_\_\_\_\_\_\_\_\_\_

Active Liquor License #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_