BOARD OF COMMISSIONERS
AGENDA
NOVEMBER 21, 2016
5:30PM – COMMISSION ROOM – 116 W CENTER ST

CALL TO ORDER

ROLL CALL

WELCOME LEADERSHIP MADISON PARTICIPANTS

ADOPT AGENDA

APPEARANCES / ACKNOWLEDGEMENTS

CONSENT CALENDAR
1) Minutes – November 14, 2016

OLD BUSINESS
1) 2nd Reading – Ordinance No. 1584 – Water Rates and Charges
2) 2nd Reading – Ordinance No. 1585 – Electric Rates and Charges
3) 2nd Reading – Ordinance No. 1586 – Wastewater User Charges
4) 2nd Reading – Ordinance No. 1587 – Refuse Collection Fees
5) 2nd Reading – Ordinance No. 1588 – Restricted Use Site Fees

NEW BUSINESS
1) Resolution No. 2016-22 – Approve a Plat
2) Approve 2017 Alcoholic Beverage License Application Renewals – Liquor/Wine
3) Approve Revision to Personnel Policy 8.1.6 – Worker's Compensation
4) Declare as Surplus Property, Appoint Appraisers and Authorize for Proper Disposal – Dog Pound

ANNOUNCEMENTS

EXECUTIVE SESSION

ADJOURN

Supplementary agenda information may be accessed at www.cityofmadisonsd.com
AGENDAS – CITY COMMISSION

If special accommodations are necessary to attend any Board of Commissioners meeting, please contact the Finance Office at (605) 256-7500 at least 24 hours before meeting time. All attempts shall be made to accommodate a request.

2016-17 Leadership Madison

Participant's Name	Employer
Kara Barry	FirstLine Funding Group
Laurie Bunker	City of Madison
Amber Coomes	Valiant Living
Sean De Vaney	FirstLine Funding Group
Shayla Ebsen	East River Electric Power Cooperative
Sandra Geuther	Dakota State University
Becky Glanzer	Bethel Lutheran Home
Katie Hahn	Heartland Consumers Power District
Eric Heppler	Lake County International
Patti Kennington	Kundert-Williams Insurance
Jeremi Matthies	Manitou Group
Ryan McCullough	Madison Housing & Redevelopment Commission
Stacy Millard	Thrivent Financial
Keith Miller	Wells Fargo Bank
Derrick Nielsen	Manitou Group
Nick Podhradsky	Secure Banking Solutions
Laura Reed	Dakota State University
Alesha Richardson	Falcon Plastics
Megan Rummel	East River Electric Power Cooperative
Jill Strom	James River Equipment
Amanda Trimble	James River Equipment

CITY OF MADISON
BOARD OF COMMISSIONERS PROCEEDINGS
MADISON, SD 57042

14 November 2016
Regular

The Board of Commissioners of the City of Madison met in regular session the 14th day of November with the following members present on roll call: Mayor Lindsay and Commissioners Corbin, Johnson, Thill and Waldner.

Motion by Commissioner Corbin to adopt the November 14th agenda, second by Commissioner Johnson. Motion carried unanimously.

Executive Director Julie Gross and President Jeff Bloom shared a Forward Madison 3 brochure detailing past economic statistics. As recently posted by the SD DOT, the population of Madison has grown to 7,258. It was stated that growth and statistics demonstrate the successes of the past Forward Madison capital campaigns. Forward Madison 3 will begin in 2017.

Motion by Commissioner Corbin, second by Commissioner Thill, to approve the following items on the consent calendar: Minutes - November 7, 2016, Minutes - November 8, 2016, Claims for Approval - November 16, 2016, Claims for Ratification - November 2, 2016. Motion carried unanimously.

Claims for Approval - November 16, 2016:
A-1 Porta Pros Inc Handicap Unit Rental 150.00; Advanced Contracting Solutions Concrete Work 3,775.51; Alpha Media/KJAM Fire Prevention Ads 299.50; American Engineering Water Analysis 1,325.50; American Water Works Assn Dues-Snoderly 75.00; Bahr/Francis Retiree Ins 69.75; Baker & Taylor Amelia-Ebooks 2,471.35; Bohlander/Lexi Reimb Meal 21.00; Borns Group Utility Billing 1,784.15; Bound to Stay Bound Inc Dairy-Books 17.19; Bowes Construction Resurf NW 5th & NW 7th 162,878.82; Byrne/James Boot Allowance 150.00; Campbell Supply Op Tools 809.13; Carquest of Madison Shop 138.76; Central Business Supply Inc Office Supplies 75.99; Christiansen Complete Water Bottled Water 61.20; City of Brookings Gate Fees 3,714.92; Civil Design Inc RUS Cell Construction 55.00; Classic Corner Fuel 1,265.90; Coast to Coast Solutions Barricade Tape 140.44; Craig's Welding Service Welding 175.00; D&T Ventures LLC Web Site Support 360.50; Dakota State University Printing 319.01; Dells Materials Company CDL Test 90.00; Demco Inc Book Tape-Bookmarks-Bag 341.95; Department of Energy Service 123,645.35; Department of Environment Certification-Voeltz 10.00; Department of Revenue Water Samples 176.00; DPC Industries Chemicals 649.62; East River Electric Power Coop Transmission 20,243.45; Eastline Supply LLC Filter 28.07; ECCO Inc Contracted Expenses 4,900.00; Econ-O-Wash Janitorial Expenses 20.50; Eimers/Jennifer Reimb Mileage-Meal 249.96; Environmental Products & Access Seal 300.43; F & M Coop Oil Co Tank Rental 60.00; Farmers Ag Center LLC Amine 189.50; Fastenal Company Ear Clamps 10.60; Fitzgerald/Barb Retiree Ins 100.00; G & R Controls Boiler Check 322.31; Gaddis Inc Seal Kit-Grease Pack 408.76; Gale-Cengage Learning Seasons-Books 137.94; Graham Tire Company Tires 3,418.48; Graybar Electric Company Padlocks 609.14; Grey House Publishing American-Books 793.50; HD Supply Waterworks Parts 2,137.17; Heartland Consumers Power Dist Wholesale Power 317,860.67; Heiman Fire Equip Inc Adapter 41.10; Heinemann Restoration Inc Restore-Addn Bricks 35,680.00; Hillyard Floor Care Supply Janitorial Supplies 192.39; Ingram Company Ulysses-Books 757.75; Interlakes Sport Center Parts 12.50; Irby Tool Co/Stuart C Employee Work Gloves 1,096.90; J & M Construction Concrete 1,224.00; Jones Ace Hardware Op Tools 171.76; Keever Roofing Repair Loose Flashing 1,560.00; Kolorworks Paint 284.61; Krug Products Inc Voltage Testing 237.12; Lake Area Improv Corp Sales Tax Rebate 25,679.50; Lake County Auditor Light Kit 265.00; Lake County International Hardware 19.97; Lake Veterinary Clinic Amoxidrops 30.00; Lingle/Jeryl Reimb Meal 21.00; Locator & Supplies Inc Flags 123.84; Lundholm/Charles Retiree Ins 69.75; Lyle Signs Inc Signs 17.90; Madison Daily Leader Publications 261.62; Madison Instant Printing Lamination 8.97; Marco Inc Copier System 466.72; Master Blaster Install Heater Coil 1,408.02; Micromarketing LLC Crockett-Uncd's 369.94; Myrl and Roy's Paving Hot Mix 683.00; Natl Pen Company Pens 201.94; Neve's Uniforms Jacket-Vest 777.07; Newcomb/Lex Reimb 2013-3 Sidewalk 122.85; Northern Lights Display LLC Lights 138.00; Northwestern Energy Armory 98.72; O'Reilly Auto Parts Fuel-Oil Filters 53.48; OCLC Inc Catalog Subscription 323.84; Office Peeps Inc Toner 272.42; Olson/Kristin Reimb Meal 21.00; One Office Solution Cartridges 85.92; Outer World Screen Water Tower Sign 30.00; Overhead Door Company Receivers-Remotes-Adjust 1,234.70; Paraclete Press Inc Yes-DVDs 87.33; PDR 2017 PDR 59.95; Penguin Random House LLC Writings-Books 33.75; Peterson/Kristi L Refund Building Permit 241.00; Poppen/Dennis Retiree Ins 162.00; Pro-Build Lumber-Hardware 688.73; Quality Books Inc 5000 Years-Books 3,561.08; Recorded Books Inc Wind-Eaudio 63.85; Riley/Charles Retiree Ins 69.75; Roemen/Danielle R Refund After Deposit 67.06; Safety Benefits Inc Risk & Safety Conf 325.00; Sample/Bert and Jenean Earnest Money 1,000.00; Servall Towel & Linen Supply Mat Rental 36.45; Silva/Connie Retiree Ins 100.00; Sioux Falls Two-Way Radio Knob-UHF Antenna 50.96; Sioux Valley Energy Utilities-

RUS 52.00; Sioux Valley Energy Annexation Due 3rd Qtr 25,681.51; Sport Videos Algebra-Videos 1,052.00; Springer Statesman Yearbook 2017 375.73; Sturdevant's Auto Parts 20 Batteries-Gen Plant 4,528.10; Sunshine Foods Chips-Candy Bars 22.45; Timmer Supply Parts 12.96; Toshiba Financial Services Copier Charges 621.65; US Department of Energy FF Trust Billing Fy17 500.00; Vern Eide Management Group Text Messages 276.08; Visualgov Solutions LLC Process Fee 3,458.95; Vossler/Phillip M Refund After Deposit 174.61; Wash & Ride Automatic Washes 14.00; Wiese/Randy 2015 Refund 125.00; Winter Inc Concrete 153.00.

Claims for Ratification - November 2, 2016:
AFLAC Insurance 1,827.63; City of Madison-Flex One Deduction 1,182.70; Delta Dental Insurance 5,342.00; Health Pool of South Dakota Insurance 33,353.17; Local Union #426, IBEW Dues 322.00; Minnesota Child Support Deduction 251.96; Office of Child Support Deduction 220.62; SDRS Retirement 15,700.30; SDSRP Retirement 3,053.00; Teamsters Local No 120 Dues 598.00.

This being the time and place set for the Public Hearing Upon Application for Sale of Alcoholic Beverages, and as no public opposition was heard, motion by Commissioner Waldner to transfer the package (off-sale) liquor license from Lana Siedschlaw to Randy Gruenwald. Motion seconded by Commissioner Johnson. Motion carried unanimously.

Motion by Commissioner Corbin to adjourn, second by Commissioner Thill. Motion carried unanimously.

The Board of Commissioners adjourned at 5:47pm.

/s/Jennifer Eimers
Finance Officer

ORDINANCE NO. 1584

AN ORDINANCE TO AMEND ORDINANCE NO. 1575 AS PROVIDED IN CHAPTER 22 – WATER, SEWERS AND SEWAGE DISPOSAL – ARTICLE 2 – WATER BY AMENDING SECTION 22-24 REGARDING RATES AND CHARGES

BE IT ORDAINED BY THE CITY COMMISSION OF THE CITY OF MADISON, SOUTH DAKOTA:

That Section 22-24 of the Revised Ordinances of the City of Madison, also known as the Code of Ordinances, be amended to read as follows:

Sec. 22-24. Rates and charges.

(a) The following rates (including a base rate and a surcharge pledged to the 2013 water revenue bond for improvements to the existing water purification plant) are hereby established for consumers taking water from the municipal water system of the City and billed on a monthly basis:

A base rate (determined by meter size), a unit rate of $1.840 per hundred cubic feet and a surcharge of $0.534 per hundred cubic feet shall apply to all consumers.

Meter Size	Base Rate	Surcharge	Total
5/8" & 3/4"	$ 19.58	$ 4.52	$ 24.10
1"	$ 46.52	$ 13.50	$ 60.02
1 1/4"	$ 67.60	$ 19.62	$ 87.22
1 1/2"	$ 99.77	$ 28.97	$128.74
2"	$171.03	$ 49.66	$220.69
3"	$378.44	$109.87	$488.31
4"	$642.03	$167.08	$809.11

(b) In addition to the above base rate, all services after the first service that are connected to a master meter shall be charged a base rate of $10.64 per dwelling unit plus a surcharge of $1.86 per dwelling unit.

(c) All customers residing outside of the City limits of the City of Madison shall pay fifty percent (50%) above the aforesaid rates.

(d) Bulk tank loads purchased at the water treatment plant will be charged $3.00 per 1,000 gallons.

(e) The portion of the base rate described in paragraph (a) is to be utilized toward payment of the Lewis and Clark Water System as follows:

A rate of $0.081 cents per hundred cubic feet shall apply.

Meter Size	Base Rate
5/8" & 3/4"	$ .69
1"	$ 1.81
1 1/4"	$ 3.00
1 1/2"	$ 4.42
2"	$ 7.60
3"	$ 16.81
4"	$ 25.57

(f) The surcharge shall remain in effect until the date on which the 2013 water revenue bond and any obligations issued or incurred to refund the bond are paid in full, now scheduled to be year-end 2028.

(g) Rates and charges as imposed under this ordinance shall be reflected on utility bills mailed to users in December 2016 and thereafter and due and payable in January 2017 and thereafter.

Dated this _____ day of November, 2016.

CITY OF MADISON

_____
Mayor

ATTEST: _____
Finance Officer

1st Reading: November 7, 2016
2nd Reading:
Published:
Effective:

ORDINANCE NO. 1585

AN ORDINANCE TO AMEND ORDINANCE NO. 1577 AS PROVIDED IN CHAPTER 7 – ELECTRICITY AND ELECTRICIANS – ARTICLE 3 – MUNICIPAL LIGHT DEPARTMENT – SECTION 7-42 RATES AND CHARGES

BE IT ORDAINED BY THE CITY COMMISSION OF THE CITY OF MADISON, SOUTH DAKOTA:

That Section 7-42 of the Revised Ordinances of the City of Madison, also known as the Code of Ordinances, requires the City to set rates and charges for electric service by Ordinance and that Ordinance No. 1577 be amended to read as follows:

SECTION 1

From and after the effective date of this ordinance, the electric rates shall consist of two components: a base rate and a separate surcharge for the benefit of the Improvements to the electric utility system. The City shall account for the revenues derived from the base rate and the surcharge separately, but the surcharge shall not be required to be shown separately on the electric utility bills to users of the electric utility. The costs of the Improvements and any Bonds incurred by the City to finance or refinance the Improvements shall be paid solely from the revenues produced by the surcharge and not from the general revenues of the electric utility, provided that the City may from time to time advance moneys from the general revenues of the electric utility to pay costs of the Improvements, but any moneys so advanced shall be repaid from surcharge collections within one year of the date of each such advance.

SECTION 2

Monthly usage by each customer, based on meter readings, shall be charged as to the below rate schedules hereby amended to read:

(a) Residential and Church Rates

	Base Rate	Surcharge	Total
1. Monthly Service Charge	$21.34	$ .66	$22.00

2. Plus Energy Charge (per KWH)	Base Rate	Surcharge	Total
0 - 1000 KWH	$.09601	$.00506	$.10107
Over 1000 KWH	$.07637	$.00364	$.08001

3. Minimum Charge per Month per Service $22.00.

4. Residential Customer Classification
The residential rates set forth above shall be applicable to single phase alternating current electrical service at standard City voltages for residential and church uses within the City limits when all electrical service furnished under the above schedule is measured by one meter. The above rates shall not apply to shared or resale service. The residential rates shall be available to individually metered single family dwellings, individual mobile home units or to each dwelling unit of apartment houses, condominiums or other multiple family dwelling units. A dwelling unit shall be defined as follows: "One or more rooms located in a dwelling that are used as living quarters for one family only. Each dwelling unit contains one and only one set of kitchen facilities." Any property located in a residential zone of the City which conducts a home occupation as defined in the City Zoning Ordinance shall be considered residential for the purpose of this electric rate ordinance.

(b) Commercial Rates

	Base Rate	Surcharge	Total
1. Monthly Service Charge	$25.47	$0.74	$26.21

2. Plus Energy Charge (per KWH)	Base Rate	Surcharge	Total
0 - 2000 KWH	$.13237	$.00660	$.13897

Over 2000 KWH	$.08318	$.00400	$.08718

3. Minimum Charge per Month per Service $26.21.

4. Commercial Customer Classification
   The commercial rates set forth above shall be available to all eligible commercial customers residing within the City limits and shall be applicable to single phase service or three phase power service only if said three phase power service demand does not exceed fifty kilowatts integrated over a thirty minute time interval two or more times within the preceding calendar year. In addition, the commercial rates shall be applicable to multiple family dwellings, apartment houses and mobile home courts where the respective dwelling units are not individually metered but rather metered at a central location.

(c) Industrial Rates

	Base Rate	Surcharge	Total
1. Monthly Service Charge	$26.22	$1.15	$27.37
2. Plus Demand Charge (per KW)	$13.62	$1.64	$15.26
3. Plus Energy Charge (per KWH)	$0.03771	$0.00335	$ .04106

2. KW levels will be determined by calculating the higher of the actual KW peak or 50% of the highest KW peak within the last twelve months.

4. Plus Power Factor Charge
   If metered reading averages less than ninety-five percent (95%) at the point of delivery for the month, the metered demand will be increased by multiplying the metered demand by ninety-five percent (95%) and thereafter dividing by the average power factor reading expressed in percent as illustrated in the following formula:

   If power factor is less than ninety-five percent (95%),
   then adjusted billing demand = $\frac{\text{demand} * 95\%}{\text{power factor } \%}$
   otherwise demand = demand

5. Minimum Charge per Month per Service $27.37.

6. Industrial Customer Classification
   The industrial rates set forth above shall be available to all industrial customers residing within the City limits and shall be applicable when the customer's monthly peak power demand exceeds fifty kilowatts integrated over a thirty minute time interval two or more times within the preceding calendar year. However, a customer in the industrial class who does not reach sixty-five kilowatts two times within the preceding calendar year may request to be moved to the commercial class with said request to be considered and acted upon by the Mayor, Utilities Commissioner and Electric Utilities Director.

Electrical customers residing outside the City limits shall be identified and classified by the Electric Utilities Director as either residential, commercial or industrial customers as defined above. Said customer's electrical utility bill shall be subjected to a twenty percent (20%) surcharge in addition to the bill as determined in the respective customer classification.

Electrical energy supplied to various schools will be charged at the rate as determined in the respective customer classification.

Electrical energy supplied to various City buildings and facilities shall be charged and paid for by the respective City departments at the rate as determined in the respective customer classification.

SECTION 3

Monthly charges for each lamp of Security Lighting shall be charged as to the below hereby amended to read:

(a)	0 - 249 Watt	$ 9.00
(b)	250 - 399 Watt	$14.50
(c)	400 - 499 Watt	$18.00
(d)	500+ Watt	calculated based on total connected wattage

SECTION 4

Monthly credits to customers for electric load management participation shall be applied as to the below hereby amended to read:

(a) Water Heater Credit
All customers with an actively used and operable electric water heater who participate in the City's load management program will be eligible for a $.01000 per KWH credit on the electric bill on a twelve month basis for that portion of electrical energy usage per month between 50 KWH and 800 KWH with a maximum eligible monthly credit of $7.50 per dwelling unit.

(b) Air Conditioner Credit
All customers with an actively used and operable 220-volt air conditioner who participate in the City's load management program will be eligible for a $.02500 per KWH credit on the electric bill for the months of July, August and September for that portion of electrical energy usage per month between 300 KWH and 1200 KWH with a maximum eligible monthly credit of $22.50 per dwelling unit.

(c) Electric Heat Credit
All customers with a minimum 4 KW electrical heating system (baseboard, furnace, blowers, etc.) that is actively used and operable who participate in the City's load management program for partial/cycling control will be eligible for a $.02500 per KWH credit on the electric bill for the months of December, January and February for that portion of electrical energy usage per month between 300 KWH and 1200 KWH with a maximum eligible monthly credit of $22.50 per dwelling unit.

(d) Off-Peak Usage Rates
All customers shall be offered a discounted rate of $.04283 per KWH for electrical energy usage for that energy provided to approved dual fuel heating system customers and other specific commercial or industrial loads that can be interrupted at the convenience of the City without advance notice to said customer. Said electrical energy usage will be metered on a separate meter. Upon application and agreement for the off-peak usage rate, the Electric Utilities Director will authorize the installation of an additional meter to monitor the off-peak energy usage.

SECTION 5

Rates, charges and credits as defined under this ordinance shall be reflected on utility bills mailed to customers in December of 2016 and thereafter and due and payable in January of 2017 and thereafter.

Dated this _____ day of November, 2016.

CITY OF MADISON

_____
Mayor

ATTEST: _____
Finance Officer

1st Reading: November 7, 2016
2nd Reading:
Published:
Effective:

ORDINANCE NO. 1586

AN ORDINANCE TO AMEND ORDINANCE NO. 1579 AS PROVIDED IN CHAPTER 22 – WATER, SEWERS AND SEWAGE DISPOSAL – ARTICLE 3 – SEWERS AND SEWAGE DISPOSAL BY AMENDING SECTION 22-119 REGARDING USER CHARGES

BE IT ORDAINED BY THE CITY COMMISSION OF THE CITY OF MADISON, SOUTH DAKOTA:

That Section 22-119 of the Revised Ordinances of the City of Madison, also known as the Code of Ordinances, be amended to read as follows:

Sec. 22-119. User charges.

(a) The following user charges are hereby established for consumers using the municipal sewer system of the City and billed on a monthly basis:

1. Fixed fee per month - residential	$15.00
2. Fixed fee per month - commercial/industrial	$30.00
3. Volume fee per one hundred cubic feet	$ 4.01
4. BOD	$ 0.21/lb.
5. TSS[5]	$ 0.18/lb.

(b) In addition to the above fees, all services after the first service that are connected to a master meter shall be charged a fee of $12.50 per dwelling unit.

(c) All customers residing outside of the City limits of the City of Madison shall pay fifty percent (50%) above the aforesaid rates.

(d) Residential volume fee shall be based on a monthly average derived from water consumption during the period of November, December, January and February.

(e) Commercial/industrial consumers may have sprinkler systems separately metered to avoid sewer charges on that usage. Additional monthly user charges will be billed accordingly.

(f) User charges as imposed under this ordinance shall be reflected on utility bills mailed to users in December 2016 and thereafter and due and payable in January 2017 and thereafter.

Dated this _____ day of November, 2016.

CITY OF MADISON

_____
Mayor

ATTEST: _____
Finance Officer

1st Reading: November 7, 2016
2nd Reading:
Published:
Effective:

ORDINANCE NO. 1587

AN ORDINANCE TO AMEND ORDINANCE NO. 1553 AS PROVIDED IN CHAPTER 9 – GARBAGE AND TRASH – ARTICLE 1 – IN GENERAL BY AMENDING SECTION 9-12 REGARDING MONTHLY FEE FOR RESIDENTIAL DWELLING UNITS

BE IT ORDAINED BY THE CITY COMMISSION OF THE CITY OF MADISON, SOUTH DAKOTA:

That Section 9-12 of the Revised Ordinances of the City of Madison, also known as the Code of Ordinances, be amended to read as follows:

Sec. 9-12. Monthly fee for residential dwelling units.

(a) The following user charges are hereby established for residential consumers using the municipal services of collection and disposal of refuse and billed on a monthly basis:

1. 65-gallon cart	$15.75
2. 95-gallon cart	$19.00
3. Two 30-gallon cans	$19.00

(b) The 65-gallon and 95-gallon garbage carts shall be furnished by and remain the property of the City. The consumer shall be responsible for the loss, damage or destruction of the carts or failure to return the carts upon termination of service to the City. The consumer's utility account will be assessed for the loss, damage or destruction or failure to return the carts.

(c) User charges as imposed under this ordinance shall be reflected on utility bills mailed to users in December 2016 and thereafter and due and payable in January 2017 and thereafter.

Dated this _____ day of November, 2016.

CITY OF MADISON

_____
Mayor

ATTEST: _____
Finance Officer

1st Reading: November 7, 2016
2nd Reading:
Published:
Effective:

ORDINANCE NO. 1588

AN ORDINANCE TO AMEND ORDINANCE NO. 1061 AS PROVIDED IN CHAPTER 9 – GARBAGE AND TRASH – ARTICLE III – RESTRICTED USE SITE BY AMENDING SECTION 9-40 REGARDING FEES

BE IT ORDAINED BY THE CITY COMMISSION OF THE CITY OF MADISON, SOUTH DAKOTA:

That Section 9-40 of the Revised Ordinances of the City of Madison, also known as the Code of Ordinances, be amended to read as follows:

Sec. 9-40. Fees.

(a) The following fees are hereby established for residential and commercial consumers using the municipal restricted use site and collected on site or invoiced by request:

1. If hauled by pickup	$15.00/load
2. If hauled by other means	$10.00/cubic yard

(b) The public works department shall keep accurate records of all refuse accepted at the site and fees collected and invoiced and shall at the end of each week forward said records and fees to the Finance Office.

Dated this _____ day of November, 2016.

CITY OF MADISON

_____
Mayor

ATTEST: _____
Finance Officer

1st Reading: November 7, 2016
2nd Reading:
Published:
Effective:

RESOLUTION NO. 2016-22

A RESOLUTION TO APPROVE A PLAT

BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF MADISON, SOUTH DAKOTA:

That the plat of Lot A of Lot 4, Block 2 of Lakeview Industrial Park 18th Addition to the City of Madison, Lake County, South Dakota, is hereby approved and that the Finance Officer of the City of Madison is hereby directed to endorse on such a plan a copy of this resolution and certify the same thereon.

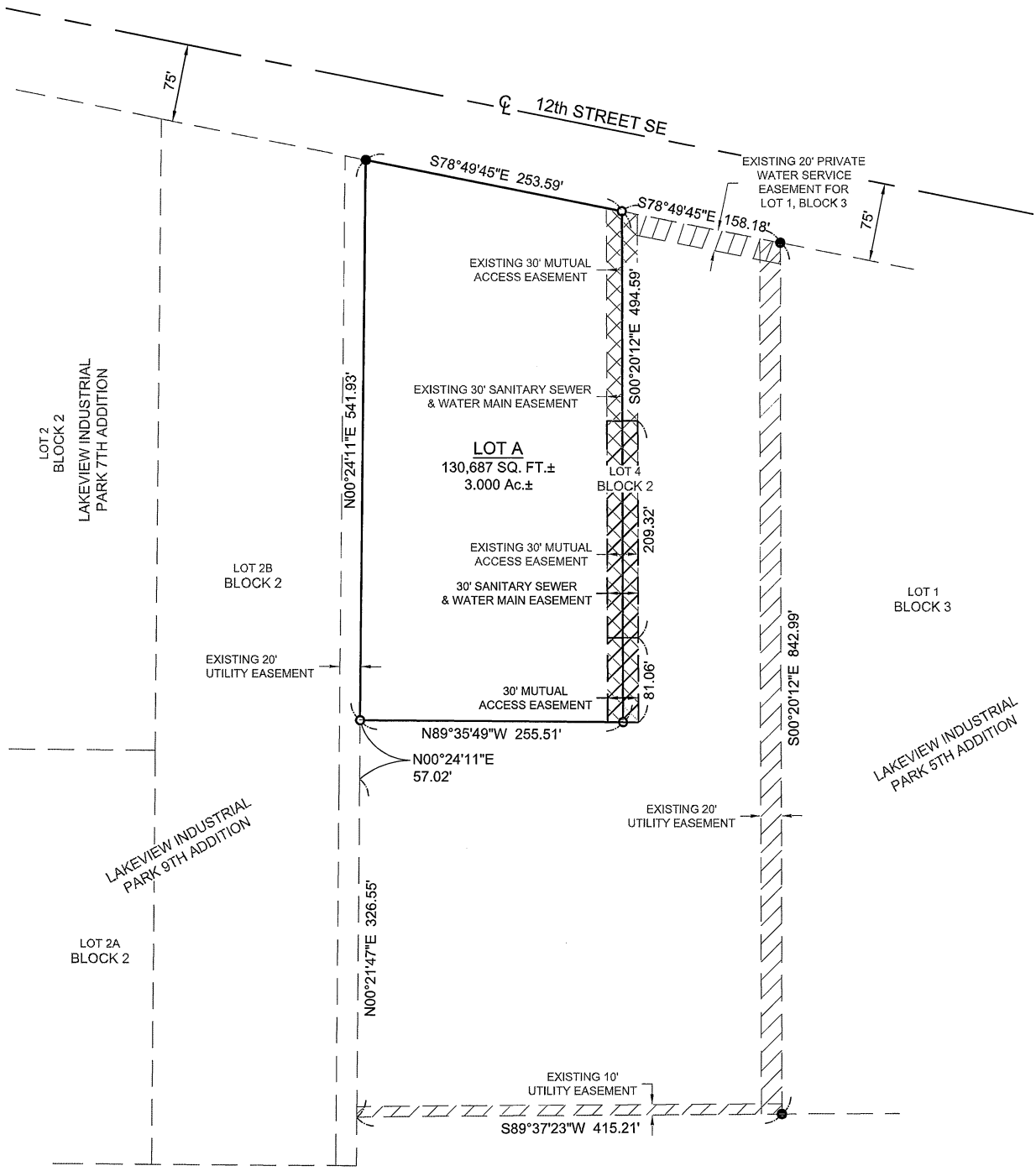
Dated this _____ day of November, 2016.

CITY OF MADISON

_____
Mayor

ATTEST: _____
Finance Officer

LOT A OF LOT 4, BLOCK 2 OF LAKEVIEW INDUSTRIAL PARK 18TH ADDITION TO THE CITY OF MADISON, LAKE COUNTY, SOUTH DAKOTA



Notes:
The bearing system for this plat is based on the UTM Zone 14 North.

This plat was prepared without the benefit of a title commitment.

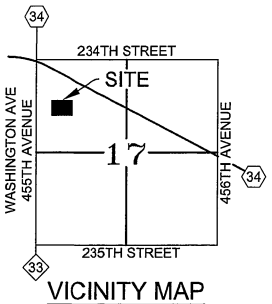
Legend

- o - Denotes 5/8 inch by 18 inch rebar set and marked by License No. 6250
- ● - Denotes found monument
- (R) - Record Distance
- (M) - Measured Distance

GRAPHIC SCALE

0 50 100 200

(IN FEET)



VICINITY MAP
SECTION 17-106-52

Total Area Surveyed:
3.000 Acres±

Sayre Associates
216 S. Duluth Avenue • Sioux Falls, SD 57104
Phone: (605) 332-7211 • Fax: (605) 332-7222
Engineers • Surveyors

BY: KJR, 21083 Lt A Lt 4 Blk 2 LAIC Plat.dwg, PLAT, REV DATE: Aug 01, 2014, PRINT DATE: Nov 17, 2016

LOT A OF LOT 4, BLOCK 2 OF LAKEVIEW INDUSTRIAL PARK 18TH ADDITION TO THE CITY OF MADISON, LAKE COUNTY, SOUTH DAKOTA

SURVEYOR'S CERTIFICATE

I, James H. Cordell, a Registered Land Surveyor of the State of South Dakota, do hereby certify that I did on or prior to November 3, 2016, survey and plat a portion of Lot 4, Block 2 of Lakeview Industrial Park 18th Addition to the City of Madison, Lake County, South Dakota, into a lot as shown. The same shall hereafter be known and described as **Lot A of Lot 4, Block 2 of Lakeview Industrial Park 18th Addition to the City of Madison, Lake County, South Dakota**, containing 130,687 sq.ft., 3.000 acres, and it is in all respects correct.

I further certify that to the best of my knowledge the plat correctly represents the same, is true and correct and that it was made under my direct supervision.

Dated this _____ day of _____, 20_____.

REGISTERED PROFESSIONAL LAND SURVEYOR
REG. NO. 6250
JAMES H. CORDELL
SOUTH DAKOTA

_____
SD Registered Land Surveyor No. 6250

OWNER'S CERTIFICATE OF COMPLIANCE

We, Lake Area Improvement Corporation, a South Dakota Non-Profit Corporation, do hereby certify that we are the sole, absolute, and unqualified owner of all land included in the above plat and that said plat has been made at our request and in accordance with our instructions for the purpose of transfer, and that the development of this land shall conform to all existing applicable zoning, subdivision and erosion and sediment control regulations as well as all water pollution prevention control rules, codes and laws. This parcel of land is free from any encumbrances.

We hereby dedicate to the public for public use forever the streets, roads and alleys, parks and public grounds, if any, as shown on said plat, including all sewers, culverts, bridges, water distribution lines, sidewalks and other improvements on or under the streets, alleys, parks and public grounds whether such improvements are shown or not. We also hereby grant easements to run with the land for water, drainage, sewer, gas, electric, telephone or other public utility lines or services under, on or over those strips of land designated hereon as easements.

On our behalf as the owners and also binding on behalf of future successors and assigns, we hereby waive any rights of protest to any special assessment program which may be initiated by the City for the purpose of installation of improvements required by the Subdivision Ordinance of the City of Madison.

We further grant and certify that the roadway is a mutual access easement which is hereby created as a perpetual common unobstructed access in favor of the lots abutting on it. The easement is for vehicular and pedestrian travel over the roadway for the purpose of access to the abutting property. The owner, their lessees and assignees shall maintain the easement area. They shall, at their own expense, keep the easement area in good repair and maintenance and clear of snow and other obstructions. No improvements of any kind may be erected within the easement area which might interfere in any way with the proper maintenance, use, repair, reconstruction and patrolling of the mutual access easement. This covenant shall run with the land.

Dated this _____ day of _____, 20_____.

Owner: Lake Area Improvement Corporation, a South Dakota Non-Profit Corporation

(Owner of Lot 4, Block 2 of Lakeview Industrial Park 18th Addition to the City of Madison, Lake County, South Dakota)

By: _____

Title: _____

State of _____)
§
County of _____)

On this _____ day of _____, 20_____, before me, the undersigned officer, appeared _____, known to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same for the purposes therein contained.

In witness thereof, I have hereunto set my hand and official seal.

My commission expires: _____

_____

Notary Public, _____ County, South Dakota

CITY ENGINEER'S CERTIFICATE

I, Chad Comes, City Engineer of the City of Madison, do hereby certify that this plat has been reviewed by me or my authorized agent and that this plat is recommended for approval by the City Commission. Signed on this _____ day of _____, 20_____.

_____
City Engineer, Madison, South Dakota

Sayre Associates
218 S. Duluth Avenue • Sioux Falls, SD 57104
Phone: (605) 332-7211 • Fax: (605) 332-7222
Engineers • Surveyors

LOT A OF LOT 4, BLOCK 2 OF LAKEVIEW INDUSTRIAL PARK 18TH ADDITION TO THE CITY OF MADISON, LAKE COUNTY, SOUTH DAKOTA

CITY COMMISSION APPROVAL

Resolution Number _____

Be it resolved by the City Commission of the City of Madison, that the plat of Lot A of Lot 4, Block 2 of Lakeview Industrial Park 18th Addition to the City of Madison, Lake County, South Dakota, is hereby approved and that the City Finance Officer of the City of Madison is hereby directed to endorse on such plan a copy of this resolution and certify the same thereon.

Adopted this _____ day of _____, 20_____.

_____
Mayor, City of Madison

Attest:_____
City Finance Officer

CITY FINANCE OFFICER'S CERTIFICATE

I, _____, the duly appointed, qualified and acting City Finance Officer of the City of Madison, South Dakota hereby certify that I have compared the copy of the foregoing Resolution No. _____ with the original as contained in the minutes of the said Board of City Commissioners for the meeting of said Board held on the _____ day of _____, 20_____, and that the foregoing is a true and correct copy of said resolution and that the same has not been altered, modified, or amended, on this _____ day of _____, 20_____.

_____
City Finance Officer, Madison, South Dakota

COUNTY TREASURER'S CERTIFICATE

I, Treasurer of Lake County, South Dakota, do hereby certify that all taxes which are liens upon any land included in the above (and the foregoing) plats, as shown by the record of my office, have been fully paid.

Dated this _____ day of _____, 20_____.

_____
Treasurer of Lake County, South Dakota

DIRECTOR OF EQUALIZATION

I, Director of Equalization of Lake County, South Dakota, do hereby certify that a copy of the above plat has been filed at my office.

_____
Director of Equalization, Lake County, South Dakota

REGISTER OF DEEDS

Filed for record this _____ day of _____, 20_____, at _____ o'clock, _____.m., and recorded in Book _____ of Plats on page _____.

_____
Register of Deeds, Lake County, South Dakota

Sayre Associates
216 S. Duluth Avenue • Sioux Falls, SD 57104
Phone: (605) 332-7211 • Fax: (605) 332-7222
Engineers • Surveyors

Date Received _____
Date Issued _____

2017

License No. RL-5730

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

KYLE ACKERMAN
305 E CENTER ST
MADISON, SD 57042-2942
Owner's Telephone# : 480-2257

B. Business Name and Address

Lic # RL-5730
SPORTSMAN'S STEAKHOUSE & LOUNGE
305 E CENTER ST
MADISON, SD 57042-2942
Business Telephone #: 256-6376

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
12 North 95 ft
lot 2 & 14 Original
Plat

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

E. State Sales Tax Number: 1020-7997-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? 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 10-28-2016 Print Name Kyle Ackerman Signature Kyle Ackerman

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: Lake

This application was subscribed and sworn to before me this 28th day of October 2016

Approving Officer's Telephone Number 256-7500 Signature Gary D. Lange

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? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 3

Ad Ok 21975
Renewal - no public hearing held [X]
Amount of fee collected with application $ 1650.00
Amount of fee retained $ 1650.00
Forwarded with application $ 0

For Local Government Use

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

Transferred (State Use)

From _____
Sales tax approval_____ Date _____

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

Please complete reverse side

Date Received _____
Date Issued _____

2017

License No. RL-6243

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

CHERRY BAR LLC
PO BOX 482
MADISON, SD 57042
Owner's Telephone# : (605) 256-4954

B. Business Name and Address

Lic # RL-6243
CHERRY LANES BAR
1413 NW 2ND ST
MADISON, SD 57042-3804
Business Telephone #: (605) 366-2606

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
S 315' Lot 2 & S 315' of E117 Lot 3 Hofers Subdivision

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

E. State Sales Tax Number: 1027-5037-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 10/21/16 Print Name Ronald Beckman Signature Ronald Beckman

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: Lake

This application was subscribed and sworn to before me this 21st day of October 2016

Approving Officer's Telephone Number 256-7500 Signature [signature]

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

Application approved for Sunday on-sale operation? [✓] Yes [ ] No
Are real property taxes paid to date? [✓] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 5

Renewal - no public hearing held [X] AC 1671
Amount of fee collected with application $ 1750.00
Amount of fee retained $ 1750.00
Forwarded with application $ 0

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 Ronald Beckman

Subscribed and sworn to before me this 2/8 of October, 2016, Lake County, State of South Dakota.

My commission expires 2-11-2017

(Notary Public)

Date Received _____
Date Issued _____

2017

License No. RL-5727

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

DAVID FOLEY
45766 233RD ST
MADISON, SD 57042
Owner's Telephone# : (605) 256-2751

B. Business Name and Address

Lic # RL-5727
FOLEY'S BAR
120 S EGAN AVE
MADISON, SD 57042-2910
Business Telephone #: (605) 256-3540

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
Lot-11 Block-15
Plat-orginal

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

E. State Sales Tax Number: 1016-0034-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 11/7/16 Print Name David Foley Signature David Foley

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: Lake

This application was subscribed and sworn to before me this 7th day of November 2016

Approving Officer's Telephone Number 256-7500 Signature [illegible]

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? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 3

Renewal - no public hearing held [X]
Amount of fee collected with application $ 1650.00
Amount of fee retained $ 1650.00
Forwarded with application $ 0

For Local Government Use

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

Transferred (State Use)

From _____
Sales tax approval_____ Date _____
STATE LIQUOR AUTHORITY: APPROVAL _____ **REVIEW** _____

Please complete reverse side

Date Recieved _____
Date Issued _____

License No. PL - 4663

(INACTIVE)

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 Address

Randy J. Gruenwald
99 South Commercial
Clark, SD 57225

Owner's Telephone #: (605) 233-0849

B. Business Name and Address

Randy J. Gruenwald 100 N. Egan Ave. Madison, SD 57042

License Number: PL - 4663

Business Telephone #: (605) 256-4597

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
- [x] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off sale) Malt Beverage
- [ ] Package (off sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify) _____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:

The West 60 Feet of Lot Seven (7) in Block Nine (9) of the Original Plat of Madison, Lake County, SD

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

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

E. State Sales Tax Number: —

F. Remember to obtain a Federal Alcohol Stamp, for help call TTB 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 provided 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 11/14/16 Print Name RANDY J GRUENWALD 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: Lake

This application was subscribed and sworn to before me this 14th day of Nov

Approving Officer's Telephone number 605-256-4597 Signature: [signature]

R.L. ERICSSON
NOTARY PUBLIC
SOUTH DAKOTA
SEAL SEAL
My Com Exp 6-25-2022

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 NA
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: _____

pd check 1628
Renewal - no public hearing held [X]
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

For Local Government Use

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

Transferred (State Use)

From: _____
Sales tax approval _____ Date _____
STATE LIQUOR AUTHORITY: APPROVAL ____ **REVIEW** ____

Please complete reverse side

Date Received _____
Date Issued _____

2017

License No. RL-6140

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

HAPPY HOUR LLC
123 S EGAN AVE
MADISON, SD 57042
Owner's Telephone# : (605) 366-2606

B. Business Name and Address

Lic # RL-6140
SPORTY'S BAR & GRILL
123 S EGAN AVE
MADISON, SD 57042
Business Telephone #: (605) 556-0205

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
Lot 12 Blk 16 Original Plat

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: 1011-9046-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 10/21/16 Print Name Ronald Beckman Signature Ronald Beckman

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: Lake

This application was subscribed and sworn to before me this 21st day of October 2016

Approving Officer's Telephone Number 256-7500 Signature [illegible]

BERYL A. LINGLE

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: 5

Renewal - no public hearing held [X]
Amount of fee collected with application $ 1750.00
Amount of fee retained $ 1750.00
Forwarded with application $ 0

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 Ronald Beckman

Subscribed and sworn to before me this 21st of October, 2016, Lake County, State of South Dakota.

My commission expires 2-11-2017

(Notary Public)

Date Received _____
Date Issued _____

2017

License No. RL-5239

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

JOSEPH A HOHENTHANER
122 S EGAN AVE
MADISON, SD 57042-2910
Owner's Telephone# : 1-605-595-5266

B. Business Name and Address

Lic # RL-5239
SMOKEHOUSE RECREATION & BAR
122 S EGAN AVE
MADISON, SD 57042-2910
Business Telephone #: 1-605-427-1717

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
Lot 10
BLK 15
Orig Plat #132M

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: 1010-7992-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? 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 10-28-16 Print Name Joseph Hohenthaner Signature Joseph Hohenthaner

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: Lake

This application was subscribed and sworn to before me this 28th day of October 2016

Approving Officer's Telephone Number 256-7500 Signature [signature]

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

Application approved for Sunday on-sale operation? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 4

Renewal - no public hearing held [X] Pd CK 3915
Amount of fee collected with application $ 1700.00
Amount of fee retained $ 1700.00
Forwarded with application $ 0

For Local Government Use

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

Transferred (State Use)

From _____
Sales tax approval_____ Date _____

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

Please complete reverse side

Date Received _____
Date Issued _____

2017

License No. RL-5364

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

LTZ LLC
123 SW 1ST ST
MADISON, SD 57042-2809
Owner's Telephone# : 256-4405

B. Business Name and Address

Lic # RL-5364
TEEZERS
123 SW 1ST ST
MADISON, SD 57042-2809
Business Telephone #: 520-5669

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
North 60' of Lot 20 + North 60' of Lot 21 in Block 19 and North 40' of South 90' of Lot 20 + North 40' of South 90' of Lot 21 of Block 19 of original Plat of Madison, Lake County, S.D.

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: 1022-1810-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? 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 10-25-2016 Print Name Jeffrey Gates 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: Lake

This application was subscribed and sworn to before me this 25th day of Oct 2016

Approving Officer's Telephone Number 605-485-2667 Signature Cheryle Eichmann

CHERYLE EICHMANN
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? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 8

Pd CK 9889
Renewal - no public hearing held [X]
Amount of fee collected with application $ 1900.00
Amount of fee retained $ 1900.00
Forwarded with application $ 0

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 LT2 LLC
Address of office and principal place of business of corporation/partnership/LP/LLC 123 SW 1st St.
Date of incorporation 1/1/10
Date of last report filed with Secretary of State 12/1/15
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
Jeff Gates		1606 8th Ave NE Watertown SD	Owner

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 [signature]

Subscribed and sworn to before me this 25th of Oct 2016, Lake County, State of South Dakota.

My commission expires 03-24-17 [signature] (Notary Public)

CHERYLE EICHMANN
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

Date Received _____
Date Issued _____

2017

License No. RL-6182

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

NICKY'S LLC
1407 NW 2ND
MADISON, SD 57042
Owner's Telephone# : (605)- 256- 6478

B. Business Name and Address

Lic # RL-6182
NICKY'S RESTAURANT
1407 NW 2ND
MADISON, SD 57042
Business Telephone #: (605) 256-3791

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
Lots 2-3-4 Exc. Deeded Portion There of Hofers Sub. of Lot 6 Co. Aud. Sub NE 1/4 12-106-53 II 2399m

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: 1015-1082-5T

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 11-4-16 Print Name Drew Skinner 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: Lake

This application was subscribed and sworn to before me this 4th day of November 2016

Approving Officer's Telephone Number 256-7500 Signature [signature]

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

Application approved for Sunday on-sale operation? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Renewal - no public hearing held [X]
Amount of fee collected with application $ 1500.00
Amount of fee retained $ 1500.00
Forwarded with application $ 0

ACK 14568

For Local Government Use	Transferred (State Use)
(Seal) _____ Mayor or Chairman	From _____
If disapproved, endorse reason thereon and return to applicant	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 7th of November, 2016, Lake County, State of South Dakota.

My commission expires 2-11-2017

_____
(Notary Public)

Date Received _____
Date Issued _____

2017

License No. RL-5726

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

STADIUM SPORTS GRILL MADISON INC
203 N EGAN AVE
MADISON, SD 57042-2139
Owner's Telephone# :

B. Business Name and Address

Lic # RL-5726
STADIUM SPORTS GRILL-MADISON
203 N EGAN AVE
MADISON, SD 57042-2139
Business Telephone #: 605-427-9521

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
Lot 11 & 12 Block 5 of the original plat of Madison SD

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

E. State Sales Tax Number: 1017-0582-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? 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 10-26-16 Print Name Mark Donovan 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 breweries.

Debora L. Murphey
Notary Public
South Dakota
SEAL

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

This application was subscribed and sworn to before me this 26th day of October, 2016

Approving Officer's Telephone Number (605) 642-4772 Signature [signature]

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

Application approved for Sunday on-sale operation? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 7

Renewal - no public hearing held [X]
Amount of fee collected with application $ 185.00
Amount of fee retained $ 185.00
Forwarded with application $ Ø

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 26th of October, 2011, Lawrence County, State of South Dakota.

My commission expires 6-28-19

Debora L. Murphey
(Notary Public)

Debora L. Murphey
SEAL SEAL
Notary Public
South Dakota

Date Received _____
Date Issued _____

2017

License No. RL-5308

Uniform Alcoholic Beverage License Application

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

A. Owner Name and Mailing Address

THE MADISON BREWING COMPANY, LLC
PO BOX 311
MADISON, SD 57042
Owner's Telephone# : 270-0859

B. Business Name and Address

Lic # RL-5308
THE PUB HOUSE
200 S. EGAN AVE.
MADISON, SD 57042
Business Telephone #: 556-0288

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:

Lot 20 and 21 Blk 20
Original Plat

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

E. State Sales Tax Number: 1028-4338-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? 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 10/25/16 Print Name Scott Deitz 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: Lake

This application was subscribed and sworn to before me this 25th day of October 2016

Approving Officer's Telephone Number 256-7500 Signature [signature]

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

Application approved for Sunday on-sale operation? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Renewal - no public hearing held [X] ACK 2551
Amount of fee collected with application $ 1500.00
Amount of fee retained $ 1500.00
Forwarded with application $ 0

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 25th of October 2016, Lake County, State of South Dakota.

My commission expires 2-11-2017

(Notary Public)

Date Received _____
Date Issued _____

2017

License No. RL-6230

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

VFW
510 S WASHINGTON AVE
MADISON, SD 57042-3525
Owner's Telephone# : Same

B. Business Name and Address

Lic # RL-6230
POST #2638
510 S WASHINGTON AVE
MADISON, SD 57042-3525
Business Telephone #: 605-256-6771

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

- [X] Retail (on-sale) Liquor
- [ ] Retail (on-sale) Liquor - Restaurant
- [ ] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
Part Lot 1 Co and 2nd addn.

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: 1014-3116-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 10/25/2016 Print Name J. D. Frisby-Griffin Signature J D Frisby-Griffin

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.

CHERYLE EICHMANN NOTARY PUBLIC SOUTH DAKOTA (SEAL)

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

This application was subscribed and sworn to before me this 25th day of Oct 2016

Approving Officer's Telephone Number 605-485-2667 Signature Cheryle Eichmann

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? [X] Yes [ ] No
Are real property taxes paid to date? [ ] Yes [ ] No exempt
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 6

PMCC 28987
Renewal - no public hearing held [X]
Amount of fee collected with application $ 180.00
Amount of fee retained $ 180.00
Forwarded with application $ 0

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 Lake)

Affidavit

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

Name of corporation/partnership/LP/LLC Ronald Westby VFW Post #2638
Address of office and principal place of business of corporation/partnership/LP/LLC 510 SW Washington Ave
Date of incorporation March 6 1950
Date of last report filed with Secretary of State 04/16/2016
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
J.W. Freeby-Griffin	Commander	418 NE 5th St Madison	retired
Richard Thomas	Sr Vice	202 NE 9th St Madison	retired
Gary Johnson	Jr Vice	23 Colfax Ave Madison	retired
Dave Johnson	Quartermaster	622 NE 4th St Madison	retired

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

Name	Address	Occupation
as above.		

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?
at Post Home 510 SW Washington Ave, Madison SD 57042

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.

CHERYLE EICHMANN
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

Signature of Authorized Officer/Director/Partner J.W. Freeby-Griffin

Subscribed and sworn to before me this 25th of Oct 2016, Lake County, State of South Dakota.

My commission expires 03-24-17 Cheryle Eichmann
(Notary Public)

Date Received _____
Date Issued _____

2017

License No. PL-4664

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

CLASSIC CORNER LP
500 SE 10TH ST
MADISON, SD 57042-3543
Owner's Telephone# : 605 636 9068

B. Business Name and Address

Lic # PL-4664
CLASSIC CORNER
500 SE 10TH ST
MADISON, SD 57042-3543
Business Telephone #: 605 256 0338

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
- [X] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:

Lots 6, 7, 8, 9, and 10 in Blk 2, Shimerda's Add. Lo, except the W 145' and except Lot 1 of Group 34

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: 1019-7655-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? 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 10/25/16 Print Name Shannon Kaufman 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: Lake

This application was subscribed and sworn to before me this 25th day of Oct 2016

Approving Officer's Telephone Number 605-485-2667 Signature Cheryle Eichmann

CHERYLE EICHMANN 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? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Pd CK 12822
Renewal - no public hearing held [X]
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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 Classic Corner
Address of office and principal place of business of corporation/partnership/LP/LLC 500 SE 10th St, Madison, SD 57042
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? 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
Beth Quail	Partner	500 SE 16th St	Partner Convenience Store
Shannon Kauffman	Managing Partner	" "	Partner Convenience Store

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 25th of Oct 2016, Lake

My commission expires 03-24-17

Cheryle Eichmann
(Notary Public)

CHERYLE EICHMANN
NOTARY PUBLIC
County, State of South Dakota
SEAL SOUTH DAKOTA SEAL

Date Received _____
Date Issued _____

2017

License No. PL-4665

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

LEWIS DRUGS INC
741 S WASHINGTON AVE
MADISON, SD 57042
Owner's Telephone# : 605 367-2800

B. Business Name and Address

Lic # PL-4665
LEWIS MADISON DRUG
741 S WASHINGTON AVE
MADISON, SD 57042
Business Telephone #: 605 367-2800

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
- [X] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

Number of other Package Liquor Licenses held: 7
Number of other On-sale Liquor Licenses held: 0
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:

LOT 3 SINCLAIR ADDN

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

E. State Sales Tax Number: 1014-2354-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 10-21-16 Print Name SCOTT CROSS 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: Minnehaha Lake 9

This application was subscribed and sworn to before me this 21st day of October, 2016

Approving Officer's Telephone Number _____ Signature Jane Griffith

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.

Pd Check 597823

Application approved for Sunday on-sale operation? [X] Yes No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Renewal - no public hearing held [X]
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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.

JANE GRIFFITH
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL

Signature of Authorized Officer/Director/Partner _____

Subscribed and sworn to before me this 21st of October 2016, Minnehaha County, State of South Dakota.

My commission expires My Commission Expires May 29, 2019 Jane Griffith
(Notary Public)

Date Received _____
Date Issued _____

2017

License No. PL-4667

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

MADISON GROCERY STORE INC
205 N VAN EPS AVE
MADISON, SD 57042-2142
Owner's Telephone# : 605-256-3114

B. Business Name and Address

Lic # PL-4667
JUBILEE FOODS
205 N VAN EPS AVE
MADISON, SD 57042-2142
Business Telephone #: 605-256-3541

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
- [X] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
S½ Lot 2, 3, 4, 5, 6 Blk 6 Original Plat All of Vacated Alley located within Block 6 Of; Lot 10 Blk 6 Original Plat; Lots 11-12 Blk 6 Orig. Plat E 55' Lots 7-8 Blk 6 Original Plat; Lot 1 & N ½ Lot 2 Blk 6 Orig. Plat.

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: 1017-6640-5T

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 10-20-16 Print Name Dan Roemen 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: Lake

This application was subscribed and sworn to before me this 20th day of October

Approving Officer's Telephone Number 256-7500 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? [X] Yes No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Renewal - no public hearing held [X] Ad CK 11955
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

For Local Government Use

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

Transferred (State Use)

From _____
Sales tax approval_____ Date _____

STATE LIQUOR AUTHORITY: APPROVAL _____ REVIEW _____

Please complete reverse side

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

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

Affidavit

State of South Dakota)
:ss
County of)

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

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

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

Name	Office	Address	Occupation

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

Name	Address	Occupation

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

Name	Address	Percentage of Shares

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

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

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

_____

With signature the applicant agrees to the following:

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

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

Signature of Authorized Officer/Director/Partner _____ President

Subscribed and sworn to before me this 30th of October, 2016 Lake County, State of South Dakota.

My commission expires 2-14-2017 _____ (Notary Public)

Date Received _____
Date Issued _____

2017

License No. PL-21324

Uniform Alcoholic Beverage License Application

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

A. Owner Name and Mailing Address

THE MADISON BREWING COMPANY, LLC
PO BOX 311
MADISON, SD 57042
Owner's Telephone# : 270-0859

B. Business Name and Address

Lic # PL-21324
THE PUB HOUSE
200 S. EGAN AVE.
MADISON, SD 57042
Business Telephone #: 556-0288

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
- [X] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:

lot 20 and 21 Blk 20
Original Plat

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

E. State Sales Tax Number: 1028-4338-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? 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 10/25/16 Print Name Scott Deker 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: Lake

This application was subscribed and sworn to before me this 25th day of October 2016

Approving Officer's Telephone Number 256-7500 Signature [signature]

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

Application approved for Sunday on-sale operation? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Renewal - no public hearing held [X] Ord ck 2551
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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 25 of October 2016 Lake County, State of South Dakota.

My commission expires 2-11-2017

(Notary Public)

Date Received _____
Date Issued _____

2017

License No. PL-4669

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

THYTIL ENTERPRISE LLC
123 NW 2ND
MADISON, SD 57042
Owner's Telephone# :

B. Business Name and Address

Lic # PL-4669
MADISON DISCOUNT LIQUOR
123 NW 2ND
MADISON, SD 57042
Business Telephone #: 256-6870

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
- [X] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:

N5' Lot 15 + all Lots 16, 17 + 18
Blk 5 Orig Plat #52m

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: 1027-2066 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? 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 10-27-16 Print Name Tony Tillma Signature [signature]

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: Lake

This application was subscribed and sworn to before me this 27th day of October,

Approving Officer's Telephone Number 605.432.6801 Signature [signature]

TASHAL M. MEYER NOTARY SEAL SOUTH DAKOTA

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? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 10

Renewal - no public hearing held [X]
Amount of fee collected with application $ 1000.00
Amount of fee retained $ 1000.00
Forwarded with application $ 0

For Local Government Use	Transferred (State Use)
(Seal) _____ Mayor or Chairman	From _____
If disapproved, endorse reason thereon and return to applicant	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 27th of October, 2016 County, State of South Dakota

My commission expires 11/05/2021 _____ (Notary Public)

TASHAL L. MEIER SEAL NOTARY PUBLIC SEAL SOUTH DAKOTA

Date Received _____
Date Issued _____

2017

License No. RW-6663

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

BALTAZARS, LLC
204 S EGAN AVE
MADISON, SD 57042-2911
Owner's Telephone# : 605-291-6185

B. Business Name and Address

Lic # RW-6663
BALTAZARS, LLC
204 S EGAN AVE
MADISON, SD 57042-2911
Business Telephone #: 605-256-4986

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
- [X] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:

Lot 19, block 20
Original Platt

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

E. State Sales Tax Number: 1030-9009-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? 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 11/4/16 Print Name Jada Baltazar Signature Jada Baltazar

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: Lake

This application was subscribed and sworn to before me this 4th day of November 2016

Approving Officer's Telephone Number 256-7500 Signature [illegible]

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? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Renewal - no public hearing held [X]
Amount of fee collected with application $ 500.00 debit card
Amount of fee retained $ 500.00
Forwarded with application $ 0

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 Jude Bakazan

Subscribed and sworn to before me this 4th of Nov 2016, Lake County, State of South Dakota.

NOTARY PUBLIC SOUTH DAKOTA

My commission expires 2017

Jeff A. Lunde
(Notary Public)

Date Received _____
Date Issued _____

2017

License No. RW-20320

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

DOLGEN MIDWEST LLC
100 MISSION RDG
GOODLETTSVILLE, TN 37072-2171
Owner's Telephone# : (615) 855-4000

B. Business Name and Address

Lic # RW-20320
DOLLAR GENERAL STORE # 10937
615 S WASHINGTON AVE
MADISON, SD 57042
Business Telephone #: (605) 256-1098

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
- [X] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

Number of other Package Liquor Licenses held: 28
Number of other On-sale Liquor Licenses held: Ø
Is this License in active use? [✓] Yes [ ] No

D. Legal description of licensed premise:

Please see attached legal description

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

E. State Sales Tax Number: 1023-3459-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 11/9/16 Print Name John Garratt 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: Lake

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

Approving Officer's Telephone Number _____ Signature [signature]

MARNEY DUNCAN
STATE OF TENNESSEE
NOTARY PUBLIC
SUMNER COUNTY
My Commission Expires JAN 28, 2019

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? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: Ø

pd check 5212486
Renewal - no public hearing held [X]
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ Ø

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

Exhibit A

Legal Description

615 South Washington
Madison, SD 57042

Lot 2 (except E 150' N 100') County Auditor's Third Addition NE ¼ SE ¼ Sec 7–T100N–R52W of the 5th Principle Meridian Lake County South Dakota.

Exhibit "A"

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 Dolgen Midwest, LLC
Address of office and principal place of business of corporation/partnership/LP/LLC 100 Mission Ridge, Goodlettsville, TN 37
Date of incorporation 8/27/2010
Date of last report filed with Secretary of State 8/26/2016
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
See attached list.			

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
DG Strategic I, LLC	100 Mission Ridge Goodlettsville, TN 37072	100%

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? 100 Mission Ridge, Goodlettsville, TN 37072, Dollar General Corporation

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.

COURTNEY D. DUNCAN STATE OF TENNESSEE NOTARY PUBLIC SUMNER COUNTY My Commission Expires JAN 28, 2019

Signature of Authorized Officer/Director/Partner [signature]

Subscribed and sworn to before me this 9 of Nov, Davidson County, State of ~~South Dakota~~ Tennessee.

My commission expires _____ [signature]
(Notary Public)

Date Received _____
Date Issued _____

2017

License No. RW-6688

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

EL VAQUERO MEXICAN RESTAURANT INC
316 NE 2ND ST
MADISON, SD 57042-2208
Owner's Telephone#: 605 278-18-13

B. Business Name and Address

Lic # RW-6688
EL VAQUERO MEXICAN RESTAURANT
316 NE 2ND ST
MADISON, SD 57042-2208
Business Telephone #: 605-4370084

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
- [X] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:

All lots 1 & 2 Coles subdivision except S 125 Block 1 Town Proprietor's First Addition

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

E. State Sales Tax Number: 1011-6715-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? 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 10-20-16 Print Name Rigoberto Aguirre Signature Rigoberto Aguirre

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: LAKE

This application was subscribed and sworn to before me this 20 day of October

Approving Officer's Telephone Number 256-7500 Signature [illegible]

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? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Renewal - no public hearing held [X]
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

Ck 4496

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 Rigoberto Aguirre

Subscribed and sworn to before me this 20th of October, 2016 Lake County, State of South Dakota.

My commission expires 2-11-2017

(Notary Public)

Date Received _____
Date Issued _____

2017

License No. RW-7588

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

KADOUS KEATING LLC
100 S EGAN AVENUE
MADISON, SD 57042-2910
Owner's Telephone# ~~(605) 556-1020~~ 291-9011

B. Business Name and Address

Lic # RW-7588
MOCHAVINO
100 S EGAN AVENUE
MADISON, SD 57042-2910
Business Telephone #: (605) 556-1020

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
- [X] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)_____
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:

(1,500 sq ft.)
W 91ft of Lot 21
Block 45

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

E. State Sales Tax Number: 1026-2515-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? 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 10/26/16 Print Name Nancy L. Kadous 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: Lake

This application was subscribed and sworn to before me this 26th day of October 2016.

Approving Officer's Telephone Number 605-485-2667 Signature Cheryle Eichmann

CHERYLE EICHMANN
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? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Renewal - no public hearing held [X] OK 2294
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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.

CHERYLE EICHMANN
NOTARY PUBLIC
SOUTH DAKOTA
SEAL

Signature of Authorized Officer/Director/Partner _____

Subscribed and sworn to before me this 26th of Oct 2016, Lake County, State of South Dakota.

My commission expires 03-24-17

Cheryle Eichmann
(Notary Public)

Date Received NOV 10 2016
Date Issued

2017

License No. RW-22417

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

SODEXO AMERICA, LLC
9801 Washingtonian Blvd.
12th floor Law Dept
Gaithersburg MD 20878
Owner's Telephone#: (800) 763-3946 ext 44454

B. Business Name and Address

Lic # RW-22417
SODEXO AMERICA #10344
1205 N WASHINGTON AVE
MADISON, SD 57042-1735
Business Telephone #: (866) 372-8291

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
- [X] Retail (on-off sale) Wine
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Malt Beverage
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package (off-sale) Malt Beverage
- [ ] Package (off-sale) Malt Beverage & SD Farm Wine
- [ ] Other (please classify)
- [ ] Transfer Fee $150.00

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

D. Legal description of licensed premise:
LOT 2 CO AUD SUB NE1/4
6-106-52
LOTS 1+2 BLK 1 DALY'S
ADDITION

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

E. State Sales Tax Number: 1030-05603-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 11/3/2016 Print Name Thomas R. Morse Signature Thomas R. Morse

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: Lake

This application was subscribed and sworn to before me this 3rd day of November

Approving Officer's Telephone Number 301-987-4451 Signature Pamela J. Wright

PAMELA J. WRIGHT
Notary Public
Prince George's County
Maryland
My Commission Expires July 20, 2020

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? [X] Yes [ ] No
Are real property taxes paid to date? [X] Yes [ ] No exempt
Ineligible for video lottery [ ]
Number of video lottery terminals on licensed premise: 0

Renewal - no public hearing held [X]
Check/01658150-0
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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~~ MARYLAND)
:ss
County of Montgomery)

Affidavit

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

Name of corporation/partnership/LP/LLC Sodexo America, LLC
Address of office and principal place of business of corporation/partnership/LP/LLC 9801 Washingtonian Blvd. 1255 Gaithersburg, MD 20878
Date of incorporation 01/25/2000
Date of last report filed with Secretary of State 2016
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
Lorna C. Donatone	President	1421 Blue Heron Road Virginia Beach, VA 2343	President
Thomas R. Morse	Vice President	152 Treehaven Street Gaithersburg, MD 20878	Vice President
Joan Rector McGlockton	Corporate Secretary	7296 Bells Mill Road Bethesda, MD 20817	Corporate Secretary

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

Name	Address	Occupation
N/A		

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

Name	Address	Percentage of Shares
Sodexo Management Inc.	9801 Washingtonian Blvd. Gaithersburg, MD 20878	100%

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
N/A	

Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc?
Gaithersburg, MD 20878

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 Lorna C Donatone

Subscribed and sworn to before me this 18th of November, 2016 Montgomery County, State of ~~South Dakota~~ MARYLAND.

My commission expires July 20, 2018 Pamela J Wright (Notary ~~Public~~)

PAMELA J. WRIGHT
Notary Public
Prince George's County
Maryland
My Commission Expires July 20, 2018

8.1.6 Worker's Compensation

A. **Report of Injury Required**—South Dakota Worker's Compensation Law requires that an employee report all work-related injuries or illnesses to the City within three (3) days after its occurrence.

Any employee involved in any on-duty accident shall immediately report the accident and any physical injury sustained to his/her supervisor. When required by the City, the employee shall complete an accident report on forms furnished by the City and shall supply all available names and addresses of witnesses of accident.

The employee may receive a copy of the accident report that is submitted to the employer. Failure to comply with this policy may be grounds for disciplinary action by the City. All employees shall also immediately report all safety hazards to his/her supervisor.

B. **Time Reporting**—Supervisors with an employee absent from work because of an on-the-job accident will be required to record all hours worked, as well as regularly scheduled hours not worked, on the time sheet while the employee is absent from work and shall submit the time sheet to human resources. Hours away from work to receive medical treatment should be recorded as regular hours. Hours away from work spent at home due to an injury should be recorded as sick hours.

C. **Compensation and Benefits**—In cases where worker's compensation reimbursement is paid, employees may utilize leave to subsidize the difference between worker's compensation benefits and the amount of their regular wage. Additional accumulation of sick or annual leave will not be permitted while the employee is on a worker's compensation leave. The City shall not participate in retirement benefits for an employee while the employee is absent from work because of a work-related illness or injury. All benefits will continue upon return to work. Employee will be required to provide sufficient certification or signed medical release to return to work. In exceptional circumstances, upon written request from the department supervisor and employee, the Board of Commissioners may grant additional sick leave to an employee involved in an on-duty injury or illness.

THE CITY OF MADISON

TO: **Mayor/Commissioners**

FROM: **Jennifer Eimers**

DATE: **11-18-16**

RE: **Declare as Surplus Property**

Dog Pound $_____

We, the undersigned, duly appointed by the Board of Commissioners of the City of Madison, South Dakota, hereby establish the above appraisal values for each of the surplus items.

_____
Robert Thill

_____
Jennifer Eimers

_____
Chad Comes