

Brookings County Finance Office

Kristen Witchey, Deputy Finance Officer

520 3rd St., Suite 100 ♦ Brookings, SD 57006

Phone: (605) 696-8200

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The following businesses are renewing their Retail (on-sale) Liquor licenses for January 1, 2017 through December 31, 2017. We are no longer required to hold a public hearing on renewals as there have not been any violations on these businesses.

- **Danceland Campground** (Beach Bums Inc) Retail On Sale Liquor, McClemons' Subdivision NW ¼ Sec. 33 unplatted area in Govt lot 2 of McClemons' Subdivision in NW ¼ Sec. 33-109-50, exc. S 50', exc. E 550' in Medary Twp
- **Meadow Creek Golf Club** Retail On Sale Liquor, N 444' & S 380' of N 824' exc. W 420' of the N 720', of W ½ W ½ SE ¼ in Sec 23-110-51 in Volga Township
- **Brookings Country Club Inc**, Retail On Sale Liquor, Govt Lots 8-9 & OL "B" in SE ¼ Sec 28-109-50 and Class "C" E ½ SE ¼ exc. OL "B" & exc. Country Club Add (inc. Country Club Drive) in Medary Twp
- **Skyview Junction LLC**, Retail On Sale Liquor, Class "C" N 550' of E 325' exc. Hwy Right-of-Way of NE ¼ NE ¼ in Sec 8-109-47 in Elkton Twp
- **Norgaard & Norgaard LLC (The Boathouse of ABR)** Retail On Sale Liquor, Lake Poinsett Heights OL A & B, SW ¼ Sec. 5, OL A & E 112' of B & incl. OL C in Subdivision of Govt Lots 2-3 in Laketon Township
- **Smokin's Pub N Grub** Retail On Sale Liquor, Twisters Addition in Lot 1 Kapanke Subdivision in the E ½ of the NW ¼ of Sec 6-112-52 in Laketon Township
- **West Oak Pub** Retail On Sale Liquor, DeBoer's Addn. Lot 1-2 in Gov't Lot 6 in Sec 8-111-51 in Oakwood Township

Thank you,



Kristen Witchey

Deputy Finance Officer

Date Received _____
Date Issued _____

2017

License No. RL-5384

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 NORGAARD & NORGAARD LLC 126 S LAKE DR ARLINGTON, SD 57212 Owner's Telephone# : _____	B. Business Name and Address Lic # RL-5384 THE BOATHOUSE OF ABR 126 S LAKE DR ARLINGTON, SD 57212 Business Telephone #: _____
C. Indicate the class of license being applied for (submit separate application for each class of license). <input checked="" type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: _____ Number of other On-sale Liquor Licenses held: <u>1</u> Is this License in active use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D. Legal description of licensed premise: <i>lake Pointett Neigh Wts OLA+B</i> <i>SW Qtr of Sec 5 OL A+C</i> <i>112' at B and including</i> <i>outlot C in Subdivision of Gov Lot</i> Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>2+3</i> Do you own <input checked="" type="checkbox"/> or lease <input type="checkbox"/> this property? (Check one) <i>1.51 Acres</i> E. State Sales Tax Number: <u>1019-9718-ST</u> Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent F. Contact the TTB for Federal Alcohol registration at 1-800-937-8864. G. New license? _____ Transfer? (\$150) _____ Re-issuance? <input checked="" type="checkbox"/>

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

Date 10/27/2016 Print Name MARK D NORGAARD Signature [Signature]

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

Place of business is located in a municipality? Yes No County: Brookings

This application was subscribed and sworn to before me this 27th day of October 2016

Approving Officer's Telephone Number 605-696-8250 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: 0

Renewal - no public hearing held
 Amount of fee collected with application \$ 250.00
 Amount of fee retained \$ 250.00
 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 _____

Date Received _____
Date Issued _____

2017

License No. RL-5473

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 BROOKINGS COUNTRY CLUB INC PO BOX 501 BROOKINGS, SD 57006-0501 Owner's Telephone# : _____	B. Business Name and Address Lic # RL-5473 RR 4 LAKE CAMPBELL PO BOX 501 BROOKINGS, SD 57006-0501 Business Telephone #: _____
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C. Indicate the class of license being applied for (submit separate application for each class of license). <input checked="" type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: _____ Number of other On-sale Liquor Licenses held: _____ Is this License in active use? <input checked="" type="checkbox"/> Yes [] No	D. Legal description of licensed premise: <p style="font-size: 2em; text-align: center;">See attachment "A"</p> Have you ever been convicted of a felony? [] Yes <input checked="" type="checkbox"/> No Do you own <input checked="" type="checkbox"/> or lease [] this property? (Check one) E. State Sales Tax Number: <u>1014-1567-ST</u> Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent F. Contact the TTB for Federal Alcohol registration at 1-800-937-8864. G. New license? _____ Transfer? (\$150) _____ Re-issuance? <input checked="" type="checkbox"/>
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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 10-18-16 Print Name Kellee Torgrunde Signature [Signature]

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

Place of business is located in a municipality? [] Yes No County: Brookings
This application was subscribed and sworn to before me this 19th day of October 2016
Approving Officer's Telephone Number 605-696-8250 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: 0
Renewal - no public hearing held
Amount of fee collected with application \$ 1,500.00
Amount of fee retained \$ 1,500.00
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 _____

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

State of South Dakota)
)
 County of Brookings)
)

Affidavit

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

Name of corporation/partnership/LP/LLC Brookings Country Club
 Address of office and principal place of business of corporation/partnership/LP/LLC _____
 Date of incorporation 4.24.25
 Date of last report filed with Secretary of State 3.17.16
 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
<u>Brian Berkenhoff</u>	<u>President</u>	<u>Brookings</u>	
<u>Al Baker</u>	<u>Vice Pres.</u>	<u>Brookings</u>	
<u>Greg Heiberger</u>	<u>Secretary</u>	<u>Brookings</u>	
<u>Kellie Torgrude</u>	<u>Treasurer</u>	<u>Brookings</u>	

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

Name	Address	Occupation
<u>Thomas Palmer</u>	<u>Brookings</u>	
<u>Bill Price</u>	<u>Brookings</u>	
<u>Copy Fields</u>	<u>Brookings</u>	
<u>Melanie Lunn</u>	<u>Brookings</u>	

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

Name	Address	Percentage of Shares
<u>owned by the membership</u>		

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

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

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

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 B ~ B/W

Subscribed and sworn to before me this 18 of Oct., Brookings County, State of South Dakota.

My commission expires 2-19-17 Erin Steen
 (Notary Public)

ATTACHMENT "A"
BROOKINGS COUNTRY CLUB

Govt Lots 8-9 and OL "B" in SE 1/4 of Sec
28-109-50 82.72 acres Class "XC"

and

E 1/2 SE 1/4 Exc OL "B" & Exc Country
Club Addn (Inc. Country Club Drive)
64.70 acres Class "XC"

Date Received _____
Date Issued _____

2017

License No. RL-5511

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 BEACH BUMS INC 8510 DANCELAND ROAD BROOKINGS, SD 57006-7227 Owner's Telephone# : _____	B. Business Name and Address Lic # RL-5511 DANCELAND CAMPGROUND 8510 DANCELAND ROAD BROOKINGS, SD 57006-7227 Business Telephone #: _____
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C. Indicate the class of license being applied for (submit separate application for each class of license). <input checked="" type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: <u>0</u> Number of other On-sale Liquor Licenses held: <u>0</u> Is this License in active use? <input checked="" type="checkbox"/> Yes [] No	D. Legal description of licensed premise: <u>12095-10950-332-50</u> <u>Sec/Twn/R 33-109-SD</u> <u>Mc Clemons Subdivision NW 1/4</u> <u>Sec 33-109-5</u> Have you ever been convicted of a felony? [] Yes <input checked="" type="checkbox"/> No Do you own <input checked="" type="checkbox"/> or lease [] this property? (Check one) E. State Sales Tax Number: <u>1017-4392-ST</u> Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent F. Contact the TTB for Federal Alcohol registration at 1-800-937-8864. G. New license? _____ Transfer? (\$150) _____ Re-issuance? <input checked="" type="checkbox"/>
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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 Jill R Powers Signature Jill R Powers

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

Place of business is located in a municipality? [] Yes No County: Brookings
This application was subscribed and sworn to before me this 25th day of October 2016
Approving Officer's Telephone Number 605-696-8250 Signature Kristen Withey

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: 2
Renewal - no public hearing held
Amount of fee collected with application \$ 1500.00
Amount of fee retained \$ 1,500.00
Forwarded with application \$ A

For Local Government Use

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

Transferred (State Use)
From _____
Sales tax approval _____ Date _____
STATE LIQUOR AUTHORITY: APPROVAL _____ REVIEW _____

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

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

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 liquor outlet:

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

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

With signature the applicant agrees to the following:

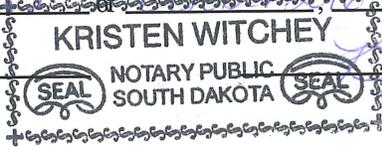
That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to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

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

Signature of Authorized Officer/Director/Partner *Jill R. Powers*

Subscribed and sworn to before me this *25th* day of *October* *2016* County, State of South Dakota.

My commission expires *12/29/2016*



Kristen Witchey
(Notary Public)

Date Received _____
Date Issued _____

2017

License No. RL-5678

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 MEADOW CREEK GOLF CLUB BOX 511 VOLGA, SD 57071-0511 Owner's Telephone#: (605) 542-4961	B. Business Name and Address Lic # RL-5678 MEADOW CREEK GOLF CLUB BOX 511 VOLGA, SD 57071-0511 Business Telephone #: (605) 542-4961
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C. Indicate the class of license being applied for (submit separate application for each class of license).

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

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

D. Legal description of licensed premise:
See Attachment "A"

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

E. State Sales Tax Number: 1016-6722-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 10-19-16 Print Name Kelise Forgrude Signature *[Signature]*

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

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

This application was subscribed and sworn to before me this 19th day of October 2016

Approving Officer's Telephone Number 605-696-8250 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: 0

Renewal - no public hearing held
 Amount of fee collected with application \$ 1,200.00
 Amount of fee retained \$ 1,200.00
 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 _____

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

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

State of South Dakota)
)
)
County of Brookings)
)

Affidavit

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

Name of corporation/partnership/LP/LLC Meadow Creek Golf Course
 Address of office and principal place of business of corporation/partnership/LP/LLC 825 East 6th St
 Date of incorporation 8-17-94
 Date of last report filed with Secretary of State 8-20-16
 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
<u>Clay Bastian</u>	<u>Pres</u>	<u>Volga</u>	<u>Banking</u>
<u>Bryan Shattwell</u>	<u>V Pres</u>	<u>Brookings</u>	<u>Accounting</u>
<u>Brooke Powell</u>	<u>Sec</u>	<u>Brookings</u>	<u>Customer Service</u>
<u>Craig Steen</u>	<u>Treasurer</u>	<u>Brookings</u>	<u>Accounting</u>

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
<u>Owned by Members</u>		

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

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

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

With signature the applicant agrees to the following:

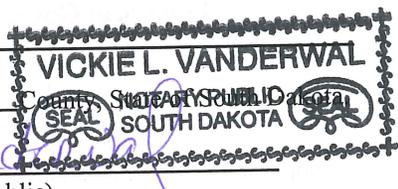
That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to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

Subscribed and sworn to before me this 7 of October, Brookings

My commission expires Jan 26, 2022



(Notary Public)

ATTACHMENT "A"

N 444' & S 380" OF N 824' EXC W 420' OF N 720'
OF W $\frac{1}{2}$ OF THE SE $\frac{1}{4}$ SECTION 23-110-51, EXCLUDING
PLATTED AREA, VOLGA TOWNSHIP 5.54 ACRES

Date Received _____
Date Issued _____

2017

License No. RL-5226

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 SKYVIEW JUNCTION LLC 21505 SD HIGHWAY 13 ELKTON, SD 57026-7212 Owner's Telephone#: (605) 542-4961	B. Business Name and Address Lic # RL-5226 SKYVIEW JUNCTION 21505 SD HIGHWAY 13 ELKTON, SD 57026-7212 Business Telephone #: (605) 542-4961
C. Indicate the class of license being applied for (submit separate application for each class of license). <input checked="" type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: _____ Number of other On-sale Liquor Licenses held: _____ Is this License in active use? <input checked="" type="checkbox"/> Yes [] No	D. Legal description of licensed premise: <i>N550 of E 325th Etc Highway Right of way of the NE 1/4 of NE 1/4 in Sec 08-09-47</i> Have you ever been convicted of a felony? [] Yes <input checked="" type="checkbox"/> No Do you own <input checked="" type="checkbox"/> or lease [] this property? (Check one) E. State Sales Tax Number: <u>1019-9333-ST</u> Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent F. Contact the TTB for Federal Alcohol registration at <u>1-800-937-8864.</u> G. New license? _____ Transfer? (\$150) _____ Re-issuance? <input checked="" type="checkbox"/>

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

Date 10-4-16 Print Name JAMES Stuefer Signature James Stuefer

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

Place of business is located in a municipality? [] Yes No County: Brookings
This application was subscribed and sworn to before me this 4th day of October 2016
Approving Officer's Telephone Number 605-696-8250 Signature Kristen Witchey

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: 7
Renewal - no public hearing held
Amount of fee collected with application \$ 1,200.00
Amount of fee retained \$ 1,200.00
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** _____

**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?

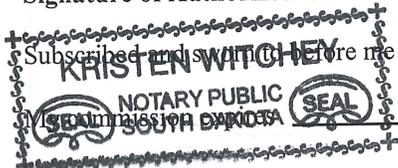
With signature the applicant agrees to the following:

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 James Steepfen

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



My Commission expires 12/29/2016

Kristen Witchev
(Notary Public)

Date Received _____
Date Issued _____

2017

License No. RL-18855

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 SMOKIN'S PUB N GRUB LLC 45439 S LAKE DRIVE ARLINGTON, SD 57212 Owner's Telephone# :	B. Business Name and Address Lic # RL-18855 SMOKINS PUB N GRUB LLC 45439 S LAKE DRIVE ARLINGTON, SD 57212 Business Telephone #: (605) 520-5148
C. Indicate the class of license being applied for (submit separate application for each class of license). <input checked="" type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00 Number of other Package Liquor Licenses held: _____ Number of other On-sale Liquor Licenses held: _____ Is this License in active use? <input checked="" type="checkbox"/> Yes [] No	D. Legal description of licensed premise: <u>Twister Add. Lot 1 Kampauke</u> <u>Sub Div. E 112 NW 1/4 Sect.</u> <u>06-112-52, 35 Acres</u> Have you ever been convicted of a felony? [] Yes <input checked="" type="checkbox"/> No Do you own <input checked="" type="checkbox"/> or lease [] this property? (Check one) E. State Sales Tax Number: <u>1027-0102-ST</u> Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent F. Contact the TTB for Federal Alcohol registration at <u>1-800-937-8864.</u> G. New license? _____ Transfer? (\$150) _____ Re-issuance? <input checked="" type="checkbox"/>

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

Date 10/24/16 Print Name Wendy Hanson Signature Wendy Hanson

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

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

This application was subscribed and sworn to before me this 24th day of October 2016

Approving Officer's Telephone Number 605-696-8250 Signature Rustin Witchey

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: 0

Renewal - no public hearing held

Amount of fee collected with application \$ 250.00

Amount of fee retained \$ 250.00

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 _____

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

State of South Dakota)
)
 County of)
)

Affidavit

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

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

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

Name	Office	Address	Occupation

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

Name	Address	Occupation

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

Name	Address	Percentage of Shares

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

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

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

With signature the applicant agrees to the following:
 That the applicant company will comply with all provisions of ARSD chapter No. 64:75:02 of the Department of Revenue, relating to the transfer of stock and prior approval of the transfer of such stock by the Secretary of Revenue and violation of any of the provisions of said regulation or failure to comply therewith, whether by the undersigned corporation, partnership/LP/LLC or by any stockholder thereof, or by anyone interested in said company, shall constitute cause for revocation or suspension of any license issued pursuant to and in reliance on this application, or for refusal to renew such license upon expiration thereof.
 We the undersigned officers and directors of the applicant company acknowledge that the within supplement application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other alcoholic beverage license than that expressly set forth above. If company stock is to be transferred we ask for approval of such voluntary stock transfer.

Signature of Authorized Officer/Director/Partner Wendy Hanson

Subscribed and sworn to before me this 24th of October 2016, _____ County, State of South Dakota.

My commission expires 12/29/2016



Date Received _____
Date Issued _____

2017

License No. RL-21937

Uniform Alcoholic Beverage License Application

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

<p>A. Owner Name and Mailing Address</p> <p>CHARLES ERICKSEN 1000 OAKWOOD SHORELINE DR BRUCE, SD 57220 Owner's Telephone# :</p>	<p>B. Business Name and Address</p> <p>Lic # RL-21937 WAGON WHEEL RESORT 1000 OAKWOOD SHORELINE DR BRUCE, SD 57220 Business Telephone #:</p>
<p>C. Indicate the class of license being applied for (submit separate application for each class of license).</p> <p><input checked="" type="checkbox"/> Retail (on-sale) Liquor <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant <input type="checkbox"/> Retail (on-off sale) Wine <input type="checkbox"/> Package (off-sale) Liquor <input type="checkbox"/> Retail (on-off sale) Malt Beverage <input type="checkbox"/> Retail (on-off sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Package (off-sale) Malt Beverage <input type="checkbox"/> Package (off-sale) Malt Beverage & SD Farm Wine <input type="checkbox"/> Other (please classify) _____ <input type="checkbox"/> Transfer Fee \$150.00</p> <p>Number of other Package Liquor Licenses held: _____ Number of other On-sale Liquor Licenses held: <u>1</u> Is this License in active use? <input checked="" type="checkbox"/> Yes [] No</p>	<p>D. Legal description of licensed premise: <i>DeBoers Addition Lot #2 in Coy Lot 6 Section 8-111-51 Oakwood Township 8.57 Ac</i></p> <p>Have you ever been convicted of a felony? [] Yes <input checked="" type="checkbox"/> No Do you own <input checked="" type="checkbox"/> or lease [] this property? (Check one)</p> <p>E. State Sales Tax Number: <u>1031-0511-ST</u></p> <p>Alcohol licenses will not be reissued unless all state taxes are paid or are not delinquent</p> <p>F. Contact the TTB for Federal Alcohol registration at 1-800-937-8864.</p> <p>G. New license? _____ Transfer? (\$150) _____ Re-issuance? <input checked="" type="checkbox"/></p>

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

Date 12-27-16 Print Name Charles Erickson Signature Charles Erickson

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

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

This application was subscribed and sworn to before me this 27th day of October 2016

Approving Officer's Telephone Number 605-696-8250 Signature Brester Whitkey

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: 2

Renewal - no public hearing held

Amount of fee collected with application \$ 400.00

Amount of fee retained \$ 400.00

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 _____

**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 _____

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

My commission expires _____ (Notary Public)