

Date Received _____
Date Issued _____

License No. RL-5732

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 Address <u>Blarneys LLC</u> <u>2100 Highlandway #W</u> <u>Mitchell SD 57301</u></p> <p>Owner's Telephone #: _____</p>	<p>B. Business Name and Address <u>Lic # RL-5732</u> <u>Blarneys Sports Bar + Grille</u> <u>2100 Highlandway #W</u> <u>Mitchell SD 57301</u></p> <p>Business Telephone #: <u>605-995-8895</u></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 checked="" type="checkbox"/> Other (please classify) <u>Sunday Sales</u> <input type="checkbox"/> Transfer Fee \$150.00</p> <p>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 <input type="checkbox"/> No</p>	<p>D. Legal description of licensed premise: <u>Highland Business Park Addition</u> <u>Lot 5 Suite W</u></p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Do you own <input type="checkbox"/> or lease <input checked="" type="checkbox"/> this property? (Check one)</p> <p>E. State Sales Tax Number: <u>1011-8797-ST</u></p> <p>F. Remember to obtain a Federal Alcohol Stamp, for help call TTB at 1-800-937-8864.</p> <p>G. New license? _____ Transfer? (\$150) <input checked="" type="checkbox"/> Re-issuance? _____</p>

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.

Signed this 3 day of January 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? Yes No County: Davis

This application was subscribed and sworn to before me this 3rd day of January 2017

Approving Officer's Telephone number 995-8416 Signature: [Signature]

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: _____

Amount of fee collected with application \$ 150.00
Amount of fee retained \$ 150.00
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)

Affidavit

County of Davism)

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

Name of corporation/partnership/LP/LLC Blurnays LLC
 Address of office and principal place of business of corporation/partnership/LP/LLC 2100 Highlandway suite W
 Date of incorporation _____
 Date of last report filed with Secretary of State 4/22/2016
 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
<u>Scott Morgan</u>	<u>President</u>	<u>1301 Eitel drive Mitchell SD 57301</u>	<u>General Manager Blurnays</u>
<u>Stacy Morgan</u>	<u>Vice President</u>	<u>1301 Eitel drive Mitchell SD 57301</u>	<u>Teacher LBW</u>

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

Name	Address	Occupation
<u>Scott Morgan</u>	<u>1301 Eitel drive Mitchell SD 57301</u>	<u>General Manager Blurnays</u>
<u>Stacy Morgan</u>	<u>1301 Eitel drive Mitchell SD 57301</u>	<u>Teacher LBW</u>

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

Name	Address	Percentage of Shares
<u>Scott Morgan</u>	<u>1301 Eitel drive Mitchell SD 57301</u>	<u>50%</u>
<u>Stacy Morgan</u>	<u>1301 Eitel drive Mitchell SD 57301</u>	<u>50%</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, Financial Interest Held, and Address of Retail Outlet
<u>Scott Morgan</u>	<u>Quinn's 2100 Highlandway suite W</u>

Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc? Scott Morgan 2100 Highlandway suite W Mitchell SD 57301

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 Scott Morgan

Subscribed and sworn to before me this 3rd of January 2017 Davism County, State of South Dakota.

My commission expires 11-3-2017

Anthony Roth
(Notary Public)

ALCOHOLIC BEVERAGE LICENSE APPLICATION

Business and Location:

Name: Blarney's Sports Bar & Grille
Address: 2100 Highland way suite W
(Street Address - Not a PO Box)
Phone: 605 995-5095

If you are a new applicant or if you are a current license holder who has made changes to your previous floor plan you must submit a floor plan with the designated area this license will cover.

Applicant/Owner: (If Corporation, Fraternal Organization, LLC etc. complete back of form) [SDCL 35-2-6.2]

Name: Scott Morgan DOB: 10/24/70
Address: 1301 Eitel Drive
(Street Address - Not a PO Box)
Home Phone #: 605-999-6331 Business Phone #: 605-995-5095

Have you ever lived in another State? Yes No
If yes list the state/s: _____

* Purchasing License From: ~~_____~~ Scott Morgan
Name: _____
Address: 1301 Eitel Drive

Type of License:	New	Renewal	Transfer
Retail Malt Beverage (On-Off Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Package Malt Beverage (Off Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail Liquor (On Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Package Liquor (Off Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retail Wine (On Sale)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been convicted of a felony? Yes No
If yes list: When: _____ Where: _____
Convicted of: _____

(over →)

the exception of a solicitor, must be a person of good moral character, never convicted of a felony, and, if a corporation, the managing officers thereof must have like qualifications.

Managing Officers/Board of Directors:

Name Scott Morgan DOB 10/24/70
 Name Stacy Morgan DOB 6/17/68
 Name _____ DOB _____
 Name _____ DOB _____
 Name _____ DOB _____
 Name _____ DOB _____
 Name _____ DOB _____
 Name _____ DOB _____

If you are a new applicant, you must contact the Police Division at 995-8400 and make an appointment to go over the laws, ordinances and policies in regard to this license.

DO NOT COMPLETE BELOW THIS LINE

Background check done:

By: _____
Date: _____

Compliance Checks: _____

Comments: _____

Approve:

YES NO

Laws reviewed by owner/applicant:

Yes

No

By: _____

Copy of ordinance/laws given to owner/applicant:

Yes

No

By: _____

Floor plan submitted:

Yes

No

By: _____

Approved by City Planner

Yes

No