

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

License No. 12B-2844

### 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**

12R ENTERPRISES LLC  
1504 N. DUFF ST.  
MITCHELL, SD 57301

Owner's Telephone #: 605-996-5583

**B. Business Name and Address**

LADY LADY CASINO  
1514 N. DUFF ST. SUITE D  
MITCHELL, SD 57301

Business Telephone #: 605-996-2288

**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: 0  
 Is this License in active use?  Yes  No

**D. Legal description of licensed premise:**

LOT 13 IN THE NE 1/4 OF SEC. 16-10360

Have you ever been convicted of a felony?  Yes  No

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

**E. State Sales Tax Number:** 1013-3310-ST

**F. Remember to obtain a Federal Alcohol Stamp, for help call TTB 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 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 20 day of July 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: \_\_\_\_\_

This application was subscribed and sworn to before me this 20<sup>th</sup> day of July Expire May 9<sup>th</sup>, 2019

Approving Officer's Telephone number 605-999-2621 Signature: May Ella Bawert

**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: \_\_\_\_\_

Amount of fee collected with application \$ \_\_\_\_\_  
 Amount of fee retained \$ \_\_\_\_\_  
 Forwarded with application \$ \_\_\_\_\_

**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 \_\_\_\_\_ )

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

Name of corporation/partnership/LP/LLC RIC ENTERPRISES INC.

Address of office and principal place of business of corporation/partnership/LP/LLC 1500 N. DUFF ST. MITCHELL

Date of incorporation 10/19/1998

Date of last report filed with Secretary of State 9/17/16

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>RONALD RANDEL</u>	<u>PRES.</u>	<u>101 W. 23RD AVE MITCHELL SD 57301</u>	<u>INVESTMENTS</u>
<u>STEVE BRINKMAN</u>	<u>V. PRES.</u>	<u>500 CHRISTINE ST. MITCHELL SD 57301</u>	<u>MANAGER</u>
<u>CHARLES RANDEL</u>	<u>SEC.</u>	<u>106 N. 23RD AVE MITCHELL SD 57301</u>	<u>REAL ESTATE</u>

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

Name	Address	Occupation
<u>NATHAN RAMEL</u>	<u>214 E. WASHINGTON AVE HANAND, SD 57349</u>	<u>FIREFIGHTER</u>

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

Name	Address	Percentage of Shares
<u>RONALD RANDEL</u>	<u>101 W. 23RD AVE MITCHELL, SD 57301</u>	<u>70%</u>
<u>STEVE BRINKMAN</u>	<u>500 CHRISTINE ST. MITCHELL, SD 57301</u>	<u>30%</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	Percentage of Shares
<u>RONALD RANDEL</u>	<u>SWEETENERS PERMIT ONE VINTAGE DWL</u>	<u>70%</u>
<u>STEVE BRINKMAN</u>	<u>" " " "</u>	<u>30%</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?

STEVE BRINKMAN 1500 N. DUFF ST. 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 

Subscribed and sworn to before me this 20<sup>th</sup> of July, Davison County, State of South Dakota.

My commission expires May 9th, 2019

  
(Notary Public)

**AFFIDAVIT**

STATE OF SOUTH DAKOTA            )  
  ) ss  
COUNTY OF                                    )

Dave E Kulish being first duly sworn on oath deposes and says: That on the 7th day of July, 2017 He the owner of the license / business / stock of #RB 2844 situated at 1801 N Main St in the City of Mitchell / South Dakota and that on the said date he made a transfer / sale of said license operated under an alcoholic beverage license to (RR Enterprises dba Lucky Lady Casino) Located at 1514 N Duffy Suite D in the city of Mitchell, South Dakota 57301

[Signature] (owner)  
(Signature)

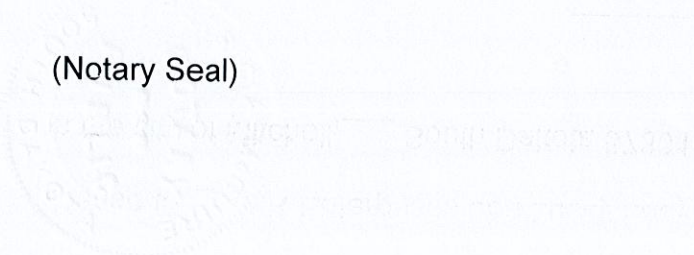
\_\_\_\_\_ (owner)  
(Signature)

Subscribed and sworn to before me this 7th day of July, 20 17.

Patricia Maluwa (Notary Public)

Commission Expires: June 22, 2022

(Notary Seal)



CITY OF MITCHELL

ALCOHOLIC BEVERAGE LICENSE APPLICATION

Business and Location:

Name: K&R ENTERPRISES DBA LUCKY LADY CASINO

Address: 1514 N. DUKE ST. SUITE D  
(Street Address - Not a PO Box)

Phone: 605-996-5583

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: STEVE BRAIMANN DOB: 12-14-51

Address: 500 CHRISTINE ST.  
(Street Address - Not a PO Box)

Home Phone #: 605-999-7467 Business Phone #: 605-996-5583

Have you ever lived in another State?  Yes  No

If yes list the state/s: IA MN

Purchasing License From:

Name: DAVID KULISH DBA ZZ & PUB

Address: 1801 N. MAIN ST. E

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

SDCL 35-2-6.2. Character requirements for licensees. Any licensee under this title, with 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 RONALD F. RANDALL DOB 6-25-34  
Name CHARLYS RANDALL DOB 11-02-38  
Name STEVE BRINKMAN DOB 12-14-51  
Name NATHAN RUM DOB 01/06-75  
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

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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