

Date Received _____
Date Issued _____

License No. RB 26 967

Uniform Alcoholic Beverage License Application

A. Owner Name and Address

LUCKY CLOVERS LLC
1320 E MISTY HOLLOW CIRCLE
SIOUX FALLS SD 57110

Owner's Telephone #: 605 999 5448

B. Business Name and Address

LUCKY CLOVERS LLC
1101 E HAVEN'S AVE
MITCHELL SD 57301

Business Telephone #: 605 999 2863

Place of business is located in a municipality? Yes No

County: _____

Do you own or lease this property? Own Lease

Are real property taxes paid to date? Yes No

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
- Convention Center (on-sale) Liquor
- Package (off-sale) Liquor
- Retail (on-off sale) Wine and Cider
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package Delivery
- Hunting Preserve
- Other _____

Is this license in active use? Yes No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses?

Yes No If Yes, please list on the back page.

D. Legal description of licensed premise:

N 600 feet of the W 250 of T 311 N R 1 E
1/4 of SECTION 27 T103N, R10W of the
5th P.M., DAVISON COUNTY, SD

Have you ever been convicted of a felony? Yes No

E. State Sales Tax Number PENDING

F. New license Transfer? (\$150) Re-issuance

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements provided herein true and correct; that the said applicant complies with all of the statutory requirements for the class of license being app 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 S Dakota entitling the same or any peace officers to inspect the premises, books and records at any time for the purpose c enforcing the provisions of Title 35 SDCL, as amended.

Date 7-27-2022 Print Name KARA MCLOUD Signature [Signature]

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

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

For Local Government Use

Transferred (State Use)

(Seal) _____
Mayor or Chairman

From: _____

Sales tax approval _____ Date _____

STATE LIQUOR AUTHORITY:

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

Name of corporation/partnership/LP LLC Lucky Claws LLC

Address of office and principal place of business of corporation/partnership/LP/LLC 7321 E Misty Knoll Circle
Sioux Falls SD 57110

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? Yes 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>See attached document</u>			

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other alcohol beverage license:

Name	Type of License, License Number, Financial Interest Held, and Address of Business Location
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Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc?

Angie Doonan 7321 E Misty Knoll Circle Sioux Falls SD 57110

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 other provisions of said regulation or failure to comply therewith, whether by the undersigned corporation, partnership/LP/LLC or 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 for license 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

Date

[Handwritten Signature]

7-27-2022

Attached Document #1

Continuation of Company Supplement Information

Name	Title of office	Address	Occupation
Kaela McCloud	Member/Operator	41023 258th St Mitchell, SD 57301	Entrepreneur
Seth Sprock	Member/Operator	720 S Montana St Mitchell, SD 57301	Entrepreneur
Zach Doohen	Member/Finance	7321 E Misty Knoll Circle Sioux Falls, SD 57110	Realtor/Entrepreneur
Angie Doohen	Member/LLC Agent	7321 E Misty Knoll Circle Sioux Falls, SD 57110	Entrepreneur
Greg Doohen Member/Operator	Member/Operator	7317 E Gray Circle Sioux Falls, SD 57110	Realtor/Entrepreneur
Daisy Doohen	Member	7317 E Gray Circle Sioux Falls, SD 57110	Entrepreneur