

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

License No. \_\_\_\_\_

## 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<br/><b>VV INC</b><br/><b>PO. Box 261</b><br/><b>Mitchell S.D. 57301</b></p> <p>Owner's Telephone #: _____</p>   | <p>B. Business Name and Address<br/><b>SUDZ</b><br/><b>508 + 510 E. Havens St.</b><br/><b>Mitchell, S.D. 57301</b></p> <p>Business Telephone #: _____</p>  |
| <p>C. Indicate the class of license being applied for (submit separate application for each class of license).</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Retail (on-sale) Liquor</li><li><input type="checkbox"/> Retail (on-sale) Liquor - Restaurant</li><li><input checked="" type="checkbox"/> Retail (on-off sale) Wine</li><li><input type="checkbox"/> Package (off-sale) Liquor</li><li><input type="checkbox"/> Retail (on-off sale) Malt Beverage</li><li><input type="checkbox"/> Retail (on-off sale) Malt Beverage &amp; SD Farm Wine</li><li><input type="checkbox"/> Package (off sale) Malt Beverage</li><li><input type="checkbox"/> Package (off sale) Malt Beverage &amp; SD Farm Wine</li><li><input type="checkbox"/> Other (please classify)</li><li><input type="checkbox"/> Transfer Fee \$150.00</li></ul> <p>Number of other Package Liquor Licenses held: <u>0</u></p> <p>Number of other On-sale Liquor Licenses held: <u>1</u></p> <p>Is this License in active use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> | <p>D. Legal description of licensed premise:<br/><b>LOTS 24-27 Overlook Addition</b></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>1024-1048-STC</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? <input checked="" type="checkbox"/> Transfer? (\$150) _____ Re-issuance? _____</p> |

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 26 day of DEC. 2018 Signature Doug Klesner

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: Davison

This application was subscribed and sworn to before me this 26<sup>th</sup> day of December 2018

Approving Officer's Telephone number 605-995-8420 Signature: Cerely Kitch

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

Are real property taxes paid to date?  Yes  No Amount of fee retained \$ \_\_\_\_\_

Ineligible for video lottery  Forwarded with application \$ \_\_\_\_\_

Number of video lottery terminals on licensed premise: \_\_\_\_\_

**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 corporation/partnership/LP/LLC applicants)**

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

State of South Dakota )

**Affidavit**

County of Davison )  
:SS

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

Name of corporation/partnership/LP/LLC V V INC  
Address of office and principal place of business of corporation/partnership/LP/LLC 2712 W. Bitterroot St. Sioux Falls, SD  
Date of incorporation JUNE 15, 1995  
Date of last report filed with Secretary of State April 11, 2018  
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>Douglas Gerald Aslesen</u> | <u>Pres</u> | <u>2712 W. Bitterroot St. Sioux Falls, S.D.</u> | <u>57108</u> |

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

| Name                 | Address | Occupation |
|----------------------|---------|------------|
| <u>same as above</u> |         |            |

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

| Name                 | Address | Percentage of Shares |
|----------------------|---------|----------------------|
| <u>same as above</u> |         | <u>100%</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>Douglas Gerald Aslesen</u> | <u>RL-5765 510 E. Havers St. Ste #2 Mitchell, SD</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? At Principal Place of Business

**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

Douglas Aslesen

Subscribed and sworn to before me this 26<sup>th</sup> of December 2018 Davison County, State of South Dakota.

My commission expires 11-03-2023

Cynthia Reeth  
(Notary Public)

E. HAVENS STREET

SUDZ  
508 & 510 E. Havens

RB 3434

~~RL 19079~~

FW

HIDEOUT

SUDZ

OUTBACK

OFFICE