

Special City Council Agenda

City Council Chambers, City Hall, 612 N. Main Street

April 23, 2018

Committee Meetings (if any) will be first; immediately followed by the City Council Meeting.

1. 12:00 P.M. Call To Order

2. Pledge Of Allegiance

3. Roll Call

4. Set Date Of 05-03-18 For Hearing

On the application of Corn Palace Shrine Club for a Special Event Malt Beverage License on May 4, 2018 for a dance

Documents:

[STAFF REPORT SET DATE SHRINE CLUB1.PDF](#)

[CORN PALACE SHRINE APPLICATION.PDF](#)

5. Motion To Adjourn

Individuals with disabilities who require special assistance to take part in this meeting may contact one of the following at City Hall (605) 995-8420 at least 24 hours prior to the meeting with requests for assistance: Human Resources Officer, Finance Officer, Public Works Director, or City Administrator.

CITY OF MITCHELL

City Council Meeting Agenda Item Request



The deadline for agenda items is Wednesday at noon, prior to the City Council Meeting

Meeting Date Requested: Requested By:

Desired Action of City Council

<input type="checkbox"/> Authorization	<input checked="" type="checkbox"/> Approval	<input type="checkbox"/> Resolution
<input type="checkbox"/> Ordinance	<input type="checkbox"/> Citizen Request	<input type="checkbox"/> Discussion

Amount budgeted in current fiscal year for this item (if applicable):

Agenda Item:

Explanation/Background of Agenda Item Requested:

On the application of Corn Palace Shrine Club for a Special Event Malt Beverage License on May 4, 2018 for a dance

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 Corn Palace Shrine Club 112 East 5th Avenue Mitchell SD 57301 Owner's Telephone #: 605-999.5381</p>	<p>B. Business Name and Address Masonic Lodge 112 East 5th Avenue Mitchell SD 57301 Business Telephone #: _____</p>
<p>C. Indicate the class of license being applied for (submit separate application for each class of license). <input 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 checked="" type="checkbox"/> Retail (on-sale) Malt Beverage Special Event Dance 5-4-18 <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: <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 <input type="checkbox"/> No</p>	<p>D. Legal description of licensed premise: Lots 5-6, Block 4, M.H. Rowley 1st Addition to City of Mitchell, SD</p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Do you own <input type="checkbox"/> or lease <input checked="" type="checkbox"/> this property? (Check one) E. State Sales Tax Number: _____ F. Remember to obtain a Federal Alcohol Stamp, for help call TTB at 1-800-937-8864. 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 20 day of April 2018 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: Dawson
This application was subscribed and sworn to before me this 20th day of April 2018
Approving Officer's Telephone number 605 995 8420 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: _____
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 Dawson)
:SS)
County of)

Affidavit

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

Name of corporation/partnership/LP/LLC Corn Palace Shrine Club
Address of office and principal place of business of corporation/partnership/LP/LLC 112 East 5th Ave Mitchell
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? 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>Rod Clarembeau</u>	<u>President</u>	<u>Letcher</u>	<u>Farmer</u>
<u>Matt Buanzow</u>	<u>Treasurer</u>	<u>218 Charles St Mitchell</u>	<u>CPA</u>
<u>Jim Taylor</u>	<u>Secretary</u>	<u>723 W 4th Mitchell</u>	<u>Lawyer</u>
<u>Jeremy McRary</u>	<u>Past President</u>	<u>1029 E 2nd Mitchell</u>	<u>Farmer</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 percentage 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, Financial Interest Held, 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?

Jim Taylor PC Law Office

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

[Signature]

Subscribed and sworn to before me this 20th of April 2018, Dawson County, State of South Dakota.

My commission expires 11-3-2023

[Signature]
(Notary Public)