Charles Mix County

Temporary Alcoholic Beverage License Application

Business Name: _____

Business Contact: _____

Business Address: _____

Business Phone: _____

Business Alcoholic Beverage License Number: _____

Business State Sales Tax Number: _____

Event Date: _____

Event Name: _____

Event Address: _____

CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements provided herein are correct; that the said applicant complies with all of the statutory requirements for the temporary alcoholic beverage license being applied, and agrees this application shall constitute a contract between applicant and Charles Mix County 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 State law.
Application fee of $50 made payable to Charles Mix County Treasurer.
Return application and fee to Charles Mix County Auditor PO Box 490 Lake Andes, SD 57356.

Print Name Signature Date

APPROVAL OF COUNTY: Notice of hearing was published on _____. Public hearing on the application was held on _____, 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 has been reviewed and conform to the requirements of State law.

Amount of fee collected with application: $_____.

Chairman of County Commission Date