

**CITY OF KIMBALL**  
**SPECIAL ALCOHOLIC BEVERAGE LICENSE APPLICATION**

This application is for special alcohol licenses to be applied for in conjunction with a special event to any civic, charitable, educational, fraternal or veteran's organization or any licensed licensee to be held in the City of Kimball for a period not to exceed fifteen (15) consecutive days. Applications must be filed with the Finance Officer five (5) days prior to a City Council meeting before the event is to be held. Failure to do so will require the applicant to pay the costs of a special council meeting if one must be called to approve the license. **APPLICANT MUST PROVIDE WRITTEN PROOF OF \$1,000,000.00 LIABILITY INSURANCE AT TIME OF APPLICATION WITH THE CITY OF KIMBALL.**

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Date of application: \_\_\_\_\_ Fee collected with this application\*: \$ \_\_\_\_\_

Name of business or organization: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Business address: \_\_\_\_\_

Legal description of business or organization: \_\_\_\_\_

List two (2) officers, directors, or responsible persons from the business or organization:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Phone number: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of liability insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Agent name: \_\_\_\_\_

Agent/insurance company phone number: \_\_\_\_\_

\*Pursuant to SDCL 35-4-125, the fee for this license is one hundred dollars (\$100.00) per event. Each application shall be accompanied by the fee prior to consideration by the Kimball City Council.

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**Special malt beverage retailer's and/or on-sale liquor license: \$100.00**

Date and name of event: \_\_\_\_\_

Description and purpose of event: \_\_\_\_\_

Location and address of event: \_\_\_\_\_

Proposed hours of operation of event: \_\_\_\_\_

Will persons under the age of 21 be allowed to attend: \_\_\_\_\_

If so, describe the plan or method of separation barriers and control of underage consumption:

\_\_\_\_\_

\_\_\_\_\_

**YOU MAY NOT SELL OR SERVE ANY MALT BEVERAGE OR ALCOHOL BETWEEN THE HOURS OF ONE-THIRTY O’CLOCK A.M. (1:30 AM) and SEVEN O’CLOCK A.M. (7:00 AM).**

CERTIFICATE: The undersigned applicants certify under penalties of perjury by law provided that all statements herein are true and correct; that the said applicants comply with all of the statutory requirements for this class of license being applied for, and in addition, agree to permit agents of the City of Kimball access to the licensed premises and records as provided for in SDCL Title 35, and agree that this application shall constitute a contract between the applicants and the City of Kimball, 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 SDCL Title 35, as amended.

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_

Business or Organization: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Approving City Officer’s Signature: \_\_\_\_\_

Printed City Officer’s name: \_\_\_\_\_

Approval date: \_\_\_\_\_