



Checklist for Alcohol License

IMPORTANT: This checklist must be submitted to the Licensing Specialist by **email** to jpalmers@siouxfalls.org or faxed to 367-7330.

TO BE FILLED OUT BY APPLICANT:

I. ALCOHOL LICENSE TYPE:

Transfer or New: _____

On-Sale: _____
(Alcohol Consumed On-Site)

Off-Sale (Packaged): _____
(Alcohol Purchased to Go)

Beer: _____ Wine: _____ Liquor: _____

Purpose of Request: _____

Full Service Restaurant: YES _____ NO _____

(If YES, please attach a full menu, floor plan with commercial kitchen, and separate dining area.)

Applicant Name and Business Name (Print):

Address Where License is to be Located:

Applicant Signature: _____

Contact Phone: _____ Contact Email: _____

Mailing Address: _____

TO BE FILLED OUT BY STAFF:

2. ZONING REVIEW: Staff Initial: _____ Date: _____

Zoning District: _____ Zoning Form: _____

Accessory Use: _____

Legal Description: _____

a. Conditional Use in Effect or Predates Ordinance? YES _____ NO _____
(If NO, see 3.)

b. If YES, Conditional Use Permit Number or Date Established: _____

c. Requires Conditional Use Permit: _____

d. Comments: _____

3. PLANNING REVIEW: Staff Initial: _____ Date: _____

a. Planning Commission Action Required: YES _____ NO _____

b. Type of Action Required: _____

c. Planning Commission Date: _____ Petition # _____

d. Approved: YES _____ NO _____ Effective Date: _____

4. LICENSE REVIEW:

The Licensing Specialist will contact you after the departments listed above have completed their review.

Video Lottery: YES _____ NO _____

5. POLICE REVIEW: Security Management Plan

Staff Initial: _____ Date: _____

