Date Received

Date Issued

2022-2023

Uniform Alcoholic Beverage License Application

A. Owner Name and Mailing Address	B. Business Name and Address Lic # RB-21614 MILLER CENTRAL SPEEDWAY 1300 SE 3RD AVE MILLER, SD 57362-1703			
MILLER CENTRAL SPEEDWAY LLC 804 W 1ST AVE MILLER, SD 57362-1043				
Owner's Telephone#: (605) 853-2142	Business Telephone #: (605) 853-2142			
 C. Indicate the class of license being applied for (submit separate application for each class of license). Retail (on-sale) Liquor Retail (on-sale) Liquor - Restaurant Convention Center (on-sale) Liquor Package (off-sale) Liquor Retail (on-off sale) Wine and Cider X Retail (on-off sale) Malt Beverage & SD Farm Wine Package Delivery 	Place of business is located in a municipality? []Yes [/No County: Hand Do you own [/ or lease [] this property? (Check one) Are real property taxes paid to date? [/Yes []No D. Legal description of licensed premise: Miller Central Speedway LLC 14-112-68 (Miller Township) SW 1/4			
Hunting Preserve	Miller Speedway Outlots 1 & 2 (40.3 acres)			
Is this License in active use? [Yes [] No	Have you ever been convicted of a felony?] Yes [VNo			
that the said applicant complies with all of the statutory requir agrees to permit agents of the Department of Revenue access and agrees this application shall constitute a contract between	E. State Sales Tax Number: 1029-0237-ST F. New license?Transfer? (\$150) Re-issuance? the penalties of perjury that all statements herein are true and correct; rements for the class of license being applied for and in addition to the licensed premises and records as provided in SDCL 35-2-2.1, applicant and the State of South Dakota entitling the same or any my time for the purpose of enforcing the provisions of Title 35 SDCL, EMS			
H. APPROVAL OF LOCAL GOVERNING BODY- Notice of				
	nd certifies that requirements as to location and suitability of premises			
Renewal - no public hearing held \square Amount of fee collected with application 300.00 Amount of fee retained 150.00 Forwarded with application 150.00				
For Local Government Use	Transferred (State Use)			
	From Sales tax approval Date			
If disapproved, endorse reason thereon and return to applicant	STATE LIQUOR AUTHORITY: APPROVAL REVIEW			

Please complete reverse side

Company supplement information (For corporate/partnership/LP/LLC applicants)

ler Centra Name of corporation/partnership/LP/LLC Address of office and principal place of business of corporation/partnership/LP/LLC Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? Myes []No

Name, title of office, occupation and address of each of the officers/owners of the corporation, partnership, LP, or LLC:

Name	Office	Address	4	Occupation		
Dale Hargens	President	804 W	1st No	ie Miller	Farmer	
Susan Havgens	Sec/Treas,	11	11 . 11	11	Refired	
., ,					-	

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other alcoholic beverage license:

Name

Type of License, License Number, Financial Interest Held, and Address of Business Location

Where and with whom are all company records kept, such as charter, by-laws, minutes, accounts, notes payable, and notes and accounts receivable, etc?

ler SD 52862

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

Date

3-30-22