

# Preliminary Checklist for Alcohol Licensing Process

## \*THIS IS NOT AN ACTUAL LICENSE APPLICATION\*

**Important:** This checklist must be submitted to the Licensing Specialist by **email** to [jamie.palmer@siouxfalls.gov](mailto:jamie.palmer@siouxfalls.gov) or faxed to 605-367-7330.

### TO BE COMPLETED BY THE POTENTIAL APPLICANT:

#### 1. ALCOHOL LICENSE TYPE:

Transfer of Existing License:

New License:

On-Sale:   
(Alcohol Consumed On-Site)

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

Beer:

Wine:

Liquor:

Video Lottery: Yes

No

Description of potential use (i.e., bar, restaurant) \_\_\_\_\_

Full-Service Restaurant? Yes  No

Floor Plans (drawn to scale) are attached? Yes  No

Potential Applicant Name and Business Name (Print): \_\_\_\_\_

Proposed Address Where Business is to be Located: \_\_\_\_\_

Is this space in a multitenant building? Yes  No

Was this space formerly occupied by another tenant? Yes  No

If yes, list the business name and type of business of the former tenant (retail, office, casino, bar, beauty salon, fitness gym, eating establishment, etc.) \_\_\_\_\_

Will the space be newly constructed or remodeled? Yes  No

Does the space have a fire sprinkler system? Yes  No

Potential Applicant Signature: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**TO BE COMPLETED BY CITY 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? Yes  No

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 No. \_\_\_\_\_

d. Approved? Yes  No  Effective Date: \_\_\_\_\_

4. PLANNING AND DEVELOPMENT SERVICES REVIEW: Staff Initial: \_\_\_\_\_ Date: \_\_\_\_\_

New  Addition

Proposed Occupancy: \_\_\_\_\_ Former Occupancy: \_\_\_\_\_

Remodel  Build-out  Change in use

Permit Required? Yes  No

Comments: \_\_\_\_\_

\_\_\_\_\_

If it is determined that you can proceed with the Alcohol Licensing process, the Licensing Specialist will contact you by email or phone.