FALL RIVER COUNTY UNAPPROVED MEETING MINUTES OCTOBER 16, 2025

The Fall River Board of County Commissioners met in regular session on October 16, 2025. Present: Joe Allen, Les Cope, Joe Falkenburg, Deb Russell, Sandra Wahlert and Sue Ganje, Auditor.

An invocation was given by Wahlert.

The Pledge of Allegiance was given, and the meeting was called to order at 9:00 a.m.

The agenda was reviewed for conflicts; none were noted. ALL MOTIONS RECORDED IN THESE MINUTES WERE PASSED BY UNANIMOUS VOTE, UNLESS OTHERWISE STATED. The full context of the meeting can be found on the county website under Commissioners at http://fallriver.sdcounties.org or on Facebook on the Fall River County website.

Motion made by Russell, seconded by Wahlert, to approve the agenda with the addition of Tim Goodwin coming to talk to the Commission at 10:40 a.m. and Tony March presenting a Right-of-Way permit.

Motion made by Russell, seconded by Wahlert, to approve the Fall River County Commission meeting minutes from October 2nd, 2025

Motion made by Wahlert, seconded by Russell, to set a cash supplement hearing on November 6th, 2025, at 9:35 a.m.

Motion made by Russell, seconded by Wahlert, to set the year end meeting on December 30th, 2025, at 9:00 a.m.

Motion made by Wahlert, seconded by Allen, to approve travel for Sue Ganje, County Auditor, to attend the Auditors Conference on November 18th-20th 2025, with lodging and per diem.

Motion made by Allen, seconded by Wahlert, to approve longevity increase for Rachel Hosterman, Sheriffs Administrative Assistant from $25.00/month to $50.00/month for 5 years of service, effective 10/26/2025; as per union contract.

Darren Russell, VSO, met with the Board to give updates and present the VSO 3rd Quarter report, noting awards to veterans in the amount of $136,855.68.

Anderson Engineering met with the Board to present a plat for approval.

Motion made by Cope, seconded by Russell, to approve the following plat:

FALL RIVER COUNTY RESOLUTION #2025-32

A Plat of Lot 1R and Lot 2 of Swett Subdivision, located in the S ½ Government Lot 4 of Section 19, and the N ½ Government Lot 1 of Section 30, T7S, R6E, BHM, Fall River County, South Dakota

Formerly Lot 1 of Tract Swett, The Remainder of tract Swett, Tract Shop, Lot FR 11 and Lot FR 12

WHEREAS, there has been presented to the County Commissioners of Fall River County, South Dakota, the within plat of the above described lands, and it appearing to this Board that the system of streets conforms to the system of streets of existing plats and section lines of the county; adequate provision is made for access to adjacent unplatted lands by public dedication or section line when physically accessible;

Oil, no bid; Nelsons Oil & Gas, declined to bid and provided updates.

Motion made by Russell, seconded by Allen, to approve the low bid from Vollan Oil in the amount of $2.62/gal for 8,000 gallons of #2 dyed diesel.

Motion made by Cope, seconded by Allen, to approve the Application for Permit to Occupy County Right-of-Way from Golden West Telecommunications, located from an existing vault near approach to 11981 Rocky Ford Rd, Edgemont, SD.

The time being 10:00 a.m. Cash Supplements Hearing took place.

FALL RIVER COUNTY RESOLUTION #2025-33
Supplemental Budget 2025, #8

WHEREAS, SDCL 7-21-22 provides that the Board of County Commissioners may adopt a supplemental budget, and whereas, as due and legal notice has been given, the following Supplements to expenditures for October 16, 2025, be approved as follows:

$57,481.59	10100X4262111	Comm other projects	Error on Specials
$40.50	10100X4222130	Judicial Systems	Court Reporter
$9,866.29	10100X4261154	Abuse & Neglect	Attorneys
$923.94	10100X4228213	Coroner	Autopsies
$310.00	10100X4272215	Juvenile Care	Juvenile Services
$11,071.79	30100x4250161	Building Fund	BlackHills Exteriors
$4,149.32	20700X4110225	Dispatch	Salaries
$5,896.44	10100X4340615	Weed Control	Equipment
$(10,786.41)	10100R3310210	HAVA Reimbursement	HAVA
$(8,733.56)	10100R3660000	Redeposit Prior Year	Dividends
$(264,058.90)	10100R3730200	Reimb Ins	Roofs
$(5,250.00)	10100R3740100	Sale of Property	Online Auction
$(25,600.00)	20100R3690200	Reimb Ins	
$(8,003.73)	20100R3740100	Sale of Co Property	Online Auction
$(1,548.13)	23400R3340100	LEPC	Grant

Means of finance to be cash and cash received, and

NOW THEREFORE BE IT RESOLVED by the Board of County Commissioners to adopt the Supplemental Budget #8 for 2025.

Dated at Fall River County, South Dakota this 16TH day of October 2025.

/s/ Joe Falkenburg
Joe Falkenburg
Fall River County Board of Commissioners

ATTEST:

/s/ Sue Ganje
Sue Ganje
Fall River County Auditor's Office

Invoice

Emergent 3
PO Box 119
Logan, UT 84323
United States

COURTHOUSE

Bill to
Rachel Hosterman
Fall River County
906 N River Street
Hot Springs, SD 57747

Invoice number INV-1960
Invoice date October 31, 2025
Due date November 30, 2025

Total **$11,875.00**

Pay for this invoice online

PRODUCTS & SERVICES	QTY	UNIT PRICE	AMOUNT
E3 Government Safety App and Services E3 Safety Desktop and Mobile Apps - Unlimited Users and Devices - Text/Email - Interactive mapping Approved Sites to be Secured by E3 Lifetime Customer Support	1	$10,000.00	$10,000.00
Setup and Implementation Fee Onboarding, Training(s) and Smart Mapping	1	$1,875.00	$1,875.00

Subtotal	$11,875.00
Total	**$11,875.00**

Comments

Send checks to
Emergent 3
PO Box 119
Logan, UT 84323

Invoice

HWY STOP – DOE – SOUTH ANNEX

Emergent 3
PO Box 119
Logan, UT 84323
United States

Bill to
Rachel Hosterman
Fall River County
906 N River Street
Hot Springs, SD 57747

Invoice number INV-1959
Invoice date October 31, 2025
Due date November 30, 2025

Total **$11,875.00**

Pay for this invoice online

PRODUCTS & SERVICES	QTY	UNIT PRICE	AMOUNT
E3 Government Safety App and Services E3 Safety Desktop and Mobile Apps - Unlimited Users and Devices - Text/Email - Interactive mapping Approved Sites to be Secured by E3 Lifetime Customer Support	1	$10,000.00	$10,000.00
Setup and Implementation Onboarding, Training(s) and Smart Mapping	1	$1,875.00	$1,875.00

Subtotal	$11,875.00
Total	**$11,875.00**

Comments

Send checks to
Emergent 3
PO Box 119
Logan, UT 84323

Date Received _____

Date Issued _____

2026

License No. RW-30560

RECEIVED
OCT 22 2025

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

THE LODGE AT ANGOSTURA, LLC

1211 MOUNT RUSHMORE RD
RAPID CITY, SD 57701-3660

B. Doing Business As Name and Physical Address

Lic # RW-30560
THE LODGE AT ANGOSTURA

13297 N ANGOSTURA RD
HOT SPRINGS, SD 57747-7204

Owner's Telephone# : (605) 721-4647

Business Telephone #: (605) 721-4647

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
- [X] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [ ] Yes [X] No **If Yes, please list on the back page**

Place of business is located in a municipality? [ ] Yes [X] No

County: Fall River

Do you own [X] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [X] Yes [ ] No

D. Legal description of licensed premise:

Tract Bailey #2A in NW¼, NW ¼, Sec 15, TWP 8, R 6

E. State Sales Tax Number: 1039-7686-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 10/20/25 Print Name Nicholas Dupont Signature _____

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published _____ . Public hearing on the application was held _____, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC The Lodge at Angostura LLC.

Address of office and principal place of business of corporation/partnership/LP/LLC 13297 N Angostura Road HS SD

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Nicholas Dupont	owner	1211 Mt Rushmore Rd	Realtor
Alicen Dupont	owner	1211 Mt. Rushmore Rd	Realtor

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
None	

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

1211 Mt Rushmore Road RC, SD 57701

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**

10/22/25

Date Received _____

Date Issued _____

2026

License No. RL-6193

RECEIVED
OCT 16 2025

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

ALL 5 GEARS LLC
30387 HIGHWAY385
OELRICHS, SD 57763-7828

B. Doing Business As Name and Physical Address

Lic # RL-6193
STATELINE RESTURANT & CASINO
30387 HIGHWAY385 STE A
OELRICHS, SD 57763-7828

Owner's Telephone#: (605) 535-2099

Business Telephone #: (605) 545-4575

C. Indicate the class of license being applied for (submit separate application for each class of license).

- [X] 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
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [ ] Yes [X] No **If Yes, please list on the back page**

Place of business is located in a municipality? [ ] Yes [X] No

County: Fall River

Do you own [X] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [X] Yes [ ] No

D. Legal description of licensed premise:

RESTAURANT / BAR / CASINO

E. State Sales Tax Number: 1034-4794-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 6 OCT 25 Print Name Shannon Freidel Signature Shannon Freidel

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published Oct. 30, 2025. Public hearing on the application was held Nov. 6, 2025, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 1,400.00
Amount of fee retained $ 1,400.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC All 5 GEARS, LLC

Address of office and principal place of business of corporation/partnership/LP/LLC 30387 Hwy 385 Oelrichs SD

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Shannon Freidel	owner	30387 Hwy 385	owner/operator
Russell Hines	owner	Oelrichs, SD	owner/operator

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?

30387 Hwy 385 Oelrichs, SD 57763

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**

Shannon Freidel 6 Oct 2025

Date Received _____

Date Issued _____

2026

License No. PL-27777

Uniform Alcoholic Beverage License Application

RECEIVED
OCT 16 2025

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

THE BLACK HILLS SALOON COMPANY LLC
29098 HIGHWAY385
OELRICHS, SD 57763-7829

B. Doing Business As Name and Physical Address

Lic # PL-27777
FORNEY'S STANDARD SERVICE
29098 HIGHWAY385
OELRICHS, SD 57763-7829

Owner's Telephone#: 605-891-1427

Business Telephone #: 605-535-2761

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
- [X] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [X] Yes [ ] No **If Yes, please list on the back page**

Place of business is located in a municipality? [ ] Yes [X] No

County: Fall River

Do you own [X] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [X] Yes [ ] No

D. Legal description of licensed premise:

W ½ SE ¼ Sec 12
Twp 10, RG 7

E. State Sales Tax Number: 1042-4361-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 10-16-25 Print Name Eric L Forney Signature _____

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published Oct. 30, 2025 . Public hearing on the application was held Nov. 6, 2025, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC The Black Hills Saloon Co. LLC

Address of office and principal place of business of corporation/partnership/LP/LLC 29094 Hwy 385 Oelrichs

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a SD felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Eric L Forney	Owner	PO Box 101 Oelrichs SD	Bar owner

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
Eric L Forney	RL-4729, 100% 507 Main St Oelrichs SD
"	RL-6209 " "

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

29094 Hwy 385 Oelrichs SD 57763 with Eric L Forney owner

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**

16 Oct 2023

RECEIVED

SEP 2 9 2025

Date Received _____

Date Issued _____

2026

License No. PL-27716

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

H & H ENTERPRISES INC

2508 S CAROLYN AVE
SIOUX FALLS, SD 57106

B. Doing Business As Name and Physical Address

Lic # PL-27716
COFFEE CUP FUEL STOP #9 - HOT SPRINGS

27638 US HIGHWAY385
HOT SPRINGS, SD 57747-7249

Owner's Telephone#: (605) 274-2540

Business Telephone #: (605) 745-4215

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
- [X] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [X] Yes [ ] No **If Yes, please list on the back page.**

Place of business is located in a municipality? [ ] Yes [X] No

County: Fall River

Do you own [X] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [X] Yes [ ] No

D. Legal description of licensed premise:

Tract A-1, Tract A-2, (excludes Lot H1), and tract B in the NW 1/4 of Section 34, Twsp 7S, Range 6E, Fall River County, Hot Springs, South Dakota, according to the recorded plat therof

E. State Sales Tax Number: 1031-5042-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 9/24/25 Print Name Christopher D Heinz Signature Chris D. H

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published Oct. 30, 2025. Public hearing on the application was held Nov. 6, 2025, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

If disapproved, endorse reason thereon and return to applicant

Renewal - no public hearing held ☐
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC H&H Enterprises, Inc.

Address of office and principal place of business of corporation/partnership/LP/LLC 2508 S Carolyn Ave, Sioux Falls, SD 57106

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Tom Heinz	President	353 W Sawgrass Tr, Dakota Dunes, SD 57049	Owner/Operator
Chris Heinz	Vice President	1319 N Olde Wagon Rd, Sioux Falls, SD 57110	Director of Operations & Finance
Ericka Schapekahm	Director	215 Court St, Vermillion, SD 57049	Human Resources Director
Jane Heinz	Director	353 W Sawgrass Tr, Dakota Dunes, SD 57049	Director of Inside Sales
Richard Heinz	Director	3201 S Covell Ave, Sioux Falls, SD 57105	Truck Driver
Taite Heinz	Director	4601 S Dunlap Ave, Sioux Falls, SD 57106	Operations Coordinator

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	
See above	Beer:	RB-3217 47051 SD Hwy 50, Burbank, SD 57010 RB-2632 27638 US Hwy 385, Hot Springs, SD 57747 RB-2824 45789 US Hwy 12, Summit, SD 57266
	Wine:	RW-19559 45789 US Hwy 12, Summit, SD 57266 RW-19495 47051 SD Hwy 50, Burbank, SD 57010 RW-19689 27638 US Hwy 385, Hot Springs, SD 57747
	On-sale Liquor:	RL-6192 27638 US Hwy 385, Hot Springs, SD 57747
	Off-sale Liquor:	PL-27716 27638 US Hwy 385, Hot Springs, SD 57747 PL-27717 47051 SD Hwy 50, Burbank, SD 57010
	Retail Alcohol Bev:	AB-02825 620 Mitchell Ave, Steele, ND 58482

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

2508 S Carolyn Ave, Sioux Falls, SD 57106

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**

9/24/25

RECEIVED

SEP 2 9 2025

Date Received _____

Date Issued _____

2026

License No. RL-6192

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

H & H ENTERPRISES INC

2508 S CAROLYN AVE
SIOUX FALLS, SD 57106

B. Doing Business As Name and Physical Address

Lic # RL-6192
COFFEE CUP FUEL STOP #9 - HOT SPRINGS

27638 US HIGHWAY385
HOT SPRINGS, SD 57747-7249

Owner's Telephone#: (6057454215) (605) 274-2540

Business Telephone #: (605) 745-4215

C. Indicate the class of license being applied for (submit separate application for each class of license).

- [X] 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
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [X] Yes [ ] No **If Yes, please list on the back page.**

Place of business is located in a municipality? [ ] Yes [X] No

County: Fall River

Do you own [X] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [X] Yes [ ] No

D. Legal description of licensed premise:

Tract A-1, Tract A-2, (excludes Lot H1), and tract B in the NW 1/4 of Section 34, Twsp 7S, Range 6E, Fall River County, Hot Springs, South Dakota, according to the recorded plat therof

E. State Sales Tax Number: 1031-5042-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 9/24/25 Print Name Christopher D Heinz Signature Christopher D. Heinz

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published Oct. 30, 2025 . Public hearing on the application was held Nov. 6, 2025, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 1,400.00
Amount of fee retained $ 1,400.00
Forwarded with application $ 0

If disapproved, endorse reason thereon and return to applicant

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

Name of corporation/partnership/LP/LLC H&H Enterprises, Inc.

Address of office and principal place of business of corporation/partnership/LP/LLC 2508 S Carolyn Ave, Sioux Falls, SD 57106

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Tom Heinz	President	353 W Sawgrass Tr, Dakota Dunes, SD 57049	Owner/Operator
Chris Heinz	Vice President	1319 N Olde Wagon Rd, Sioux Falls, SD 57110	Director of Operations & Finance
Ericka Schapekahm	Director	215 Court St, Vermillion, SD 57049	Human Resources Director
Jane Heinz	Director	353 W Sawgrass Tr, Dakota Dunes, SD 57049	Director of Inside Sales
Richard Heinz	Director	3201 S Covell Ave, Sioux Falls, SD 57105	Truck Driver
Taite Heinz	Director	4601 S Dunlap Ave, Sioux Falls, SD 57106	Operations Coordinator

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	
See above	Beer:	RB-3217 47051 SD Hwy 50, Burbank, SD 57010 RB-2632 27638 US Hwy 385, Hot Springs, SD 57747 RB-2824 45789 US Hwy 12, Summit, SD 57266
	Wine:	RW-19559 45789 US Hwy 12, Summit, SD 57266 RW-19495 47051 SD Hwy 50, Burbank, SD 57010 RW-19689 27638 US Hwy 385, Hot Springs, SD 57747
	On-sale Liquor:	RL-6192 27638 US Hwy 385, Hot Springs, SD 57747
	Off-sale Liquor:	PL-27716 27638 US Hwy 385, Hot Springs, SD 57747 PL-27717 47051 SD Hwy 50, Burbank, SD 57010
	Retail Alcohol Bev:	AB-02825 620 Mitchell Ave, Steele, ND 58482

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

2508 S Carolyn Ave, Sioux Falls, SD 57106

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**

Chris H. | 9/24/25

RECEIVED

SEP 2 9 2025

Date Received _____

Date Issued _____

2026

License No. RW-19689

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

H & H ENTERPRISES INC

2508 S CAROLYN AVE
SIOUX FALLS, SD 57106

B. Doing Business As Name and Physical Address

Lic # RW-19689
COFFEE CUP FUEL STOP #9 - HOT SPRINGS

27638 US HIGHWAY385
HOT SPRINGS, SD 57747-7249

Owner's Telephone# : (605) 274-2540

Business Telephone #: (605) 745-4215

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
- [X] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [X] Yes [ ] No **If Yes, please list on the back page.**

Place of business is located in a municipality? [ ] Yes [X] No

County: Fall River

Do you own [X] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [X] Yes [ ] No

D. Legal description of licensed premise:

Tract A-1, Tract A-2, (excludes Lot H1), and tract B in the NW 1/4 of Section 34, Twsp 7S, Range 6E, Fall River County, Hot Springs, South Dakota, according to the recorded plat therof

E. State Sales Tax Number: 1031-5042-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 9/24/25 Print Name Christopher D Heinz Signature Chris D. H

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published Oct. 30, 2025 . Public hearing on the application was held Nov. 6, 2025 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

If disapproved, endorse reason thereon and return to applicant

Renewal - no public hearing held ☐
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC H&H Enterprises, Inc.

Address of office and principal place of business of corporation/partnership/LP/LLC 2508 S Carolyn Ave, Sioux Falls, SD 57106

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Tom Heinz	President	353 W Sawgrass Tr, Dakota Dunes, SD 57049	Owner/Operator
Chris Heinz	Vice President	1319 N Olde Wagon Rd, Sioux Falls, SD 57110	Director of Operations & Finance
Ericka Schapekahm	Director	215 Court St, Vermillion, SD 57049	Human Resources Director
Jane Heinz	Director	353 W Sawgrass Tr, Dakota Dunes, SD 57049	Director of Inside Sales
Richard Heinz	Director	3201 S Covell Ave, Sioux Falls, SD 57105	Truck Driver
Taite Heinz	Director	4601 S Dunlap Ave, Sioux Falls, SD 57106	Operations Coordinator

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	
See above	Beer:	RB-3217 47051 SD Hwy 50, Burbank, SD 57010 RB-2632 27638 US Hwy 385, Hot Springs, SD 57747 RB-2824 45789 US Hwy 12, Summit, SD 57266
	Wine:	RW-19559 45789 US Hwy 12, Summit, SD 57266 RW-19495 47051 SD Hwy 50, Burbank, SD 57010 RW-19689 27638 US Hwy 385, Hot Springs, SD 57747
	On-sale Liquor:	RL-6192 27638 US Hwy 385, Hot Springs, SD 57747
	Off-sale Liquor:	PL-27716 27638 US Hwy 385, Hot Springs, SD 57747 PL-27717 47051 SD Hwy 50, Burbank, SD 57010
	Retail Alcohol Bev:	AB-02825 620 Mitchell Ave, Steele, ND 58482

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

2508 S Carolyn Ave, Sioux Falls, SD 57106

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**

Chris O.H 9/24/25

Date Received _____

Date Issued _____

2026

License No. RL-5711

RECEIVED
OCT 16 2025

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

TTT TAVERNS LLC

13393 LAKE VISTA DR
HOT SPRINGS, SD 57747-5000

B. Doing Business As Name and Physical Address

Lic # RL-5711
PIRATES PUB

28298 ANGOSTURA RD
HOT SPRINGS, SD 57747-7264

Owner's Telephone# : (605) 484-2706

Business Telephone #: 605-745-5055

C. Indicate the class of license being applied for (submit separate application for each class of license).

- [X] 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
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [ ] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses?
[X] Yes [ ] No **If Yes, please list on the back page**

Place of business is located in a municipality? [ ] Yes [ ] No

County: Fall River

Do you own [ ] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [ ] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [ ] Yes [ ] No

D. Legal description of licensed premise:

Angostura Highlands Subd, Lot 1, Section 35, Twp 8S, Rge 6E, BHM, Fall River Co, SD

E. State Sales Tax Number: 1036-2458-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 10/16/25 Print Name Scott H. Taecker Signature Scott H Taecker

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published Oct. 30, 2025 . Public hearing on the application was held Nov. 6, 2025 , 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 1,400.00
Amount of fee retained $ 1,400.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC TIT TAVERNS LLC

Address of office and principal place of business of corporation/partnership/LP/LLC 13393 Lake Vista Dr. Hot Springs SD 57747

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Scott Harold Taecker	Managing Member	13393 Lake Vista DR. Hot Springs S.D. 57747	Business Owner

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?

Scott Harold Taecker (Sole Member/Managing Member/Registered Agent) 13393 Lake Vista Dr, Hot Springs SD 57747

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**

Scott A Taecker 10/16/25

Date Received _____

Date Issued _____

2026

License No. PL-27888

RECEIVED
OCT 16 2025

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

TTT TAVERNS LLC
13393 LAKE VISTA DR
HOT SPRINGS, SD 57747-5000

B. Doing Business As Name and Physical Address

Lic # PL-27888
PIRATES PUB
28298 ANGOSTURA RD
HOT SPRINGS, SD 57747-7264

Owner's Telephone# : (605) 484-2706

Business Telephone #: (605) 484-2706

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
- [X] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [X] Yes [ ] No **If Yes, please list on the back page**

Place of business is located in a municipality? [ ] Yes [ ] No

County: Fall River

Do you own [X] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [X] Yes [ ] No

D. Legal description of licensed premise:

Angostura Highland Subd. Lot 1, Section 35 Twp: 85, Rge 6E, BHM, Fall River Co., SD

E. State Sales Tax Number: 1036-2458-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 10/16/25 Print Name Scott H. Taecker Signature Scott H Taecker

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published Oct. 30, 2025 . Public hearing on the application was held Nov. 6, 2025 , 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC TTT TAVERNS LLC

Address of office and principal place of business of corporation/partnership/LP/LLC 13393 Lake Vista Dr, H.S. SD 5774

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Scott Harold Taecker	Managing Member	13393 Lake Vista Dr H.S. SD 57747	Business Owner

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?

Scott Harold Taecker (Sole Member/Managing Member/Registered Agent) 13393 Lake Vista Dr H.S. SD 57747

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**

Scott A Taecker 10/16/25

Date Received _____

Date Issued _____

2026

License No. RW-30555

RECEIVED
OCT 17 2025

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

BUFFALO DREAMER RESTAURANT LLC

PO BOX 291
BUFFALO GAP, SD 57722-0291

B. Doing Business As Name and Physical Address

Lic # RW-30555
BUFFALO DREAMER RESTAURANT

13006 FALL RIVER RD
HOT SPRINGS, SD 57747

Owner's Telephone#: (303) 915-8731

Business Telephone #: (303) 915-8731

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
- [X] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [ ] Yes [X] No **If Yes, please list on the back page**

Place of business is located in a municipality? [ ] Yes [X] No

County: Fall River

Do you own [ ] or lease [X] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony? [X] Yes [ ] No

D. Legal description of licensed premise:

LOT 1 of Tract SWett, SEC 19, TWP 7, RG 6 (3.00A)

E. State Sales Tax Number: 1033-5034-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 10/17/25 Print Name Rebecca Christensen Signature _____

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published Oct. 30, 2025. Public hearing on the application was held Nov. 6, 2025, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ Ø

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

Name of corporation/partnership/LP/LLC Buffalo Dreamer Restaurant LLC

Address of office and principal place of business of corporation/partnership/LP/LLC PO Box 291, Buffalo Gap, SD 57722

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Rebecca Christensen		PO Box 291, Buffalo Gap, SD 57722	owner

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
Rebecca Christensen	Retail (on-off sale) wine & cider

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

Rebecca Christensen PO Box 291, Buffalo Gap, SD 57722

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**

10/17/25

Date Received _____

Date Issued _____

2026

License No. RW-29507

RECEIVED

OCT 17 2025

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

RODEO GROUNDS LLC

14098 E ORAL RD
ORAL, SD 57766

Owner's Telephone#: 605-891-9034

B. Doing Business As Name and Physical Address

Lic # RW-29507
RODEO GROUNDS

27631 HWY 79
HOT SPRINGS, SD 57747

Business Telephone #: (605) 891-9034

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
- [X] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [✓] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [ ] Yes [✓] No **If Yes, please list on the back page**

Place of business is located in a municipality? [ ] Yes [✓] No

County: Fall River

Do you own [ ] or lease [✓] this property? (Check one)

Are real property taxes paid to date? [✓] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [✓] Yes [ ] No

D. Legal description of licensed premise:

Lot 2 BLK3, Ponderosa Sub, Sec 34 T7 R6 Less that pt of tract SB in lot 2

E. State Sales Tax Number: 1040-1329-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 10-17-2025 Print Name Lisa Bailey Signature Lisa Bailey

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published Oct. 30, 2025 . Public hearing on the application was held Nov. 6, 2025 , 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

If disapproved, endorse reason thereon and return to applicant

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

Name of corporation/partnership/LP/LLC Rodeo Grounds 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? [X] Yes [ ] No

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

Name	Office	Address	Occupation
Lisa Bailey	Owner	14095 E. Oral Rd Oral, SD 57766	Owner

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
Lisa Bailey	Retail (on and off) Malt Beverage

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

Lisa Bailey 27631 Hwy 79 Hot Springs, SD 57747

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**

Lisa Bailey 10-17-2025

Date Received _____

Date Issued _____

2026 RECEIVED OCT 10 2025 License No. RR-21197

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

ANGOSTURA RESORT MANAGEMENT, INC

2504 W MAIN ST
RAPID CITY, SD 57702-2424

B. Doing Business As Name and Physical Address

Lic # RR-21197
INFERNO ON THE BEACH

28075 RECREATION RD
HOT SPRINGS, SD 57747-7323

Owner's Telephone#: (134) (605) 343-1966

Business Telephone #: 605-745-4100

C. Indicate the class of license being applied for (submit separate application for each class of license).

- [ ] Retail (on-sale) Liquor
- [X] Retail (on-sale) Liquor - Restaurant
- [ ] Convention Center (on-sale) Liquor
- [ ] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [✓] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [✓] Yes [ ] No **If Yes, please list on the back page.**

Place of business is located in a municipality? [ ] Yes [✓] No

County: Fall River

Do you own [✓] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [✓] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [✓] Yes [ ] No

D. Legal description of licensed premise:

The North half (N½) of the North half (N½) Of the Northeast Quarter (NE¼) of the Northwest Quarter (NW¼) Of Section 28 Township 8 South Range 6 east of the BHM Fall River County

E. State Sales Tax Number: 1028-4602-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? ✓

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 9/30/25 Print Name Derek A. Buehl Signature _____

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published _____. Public hearing on the application was held _____, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 1,400.00
Amount of fee retained $ 1,400.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC: Angostura Resort Management dba Lofeno On the Beach

Address of office and principal place of business of corporation/partnership/LP/LLC: 2504 W. Main St. Rapid City SD 57702

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
See Attachment #1			

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
See attachment #2	

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

Moyle Petroleum Company 2504 W. Main St. Rapid City 57702 Corporate

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**

9/30/2025

Date Received _____

Date Issued _____

2026

License No. RW-6483

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

ANGOSTURA RESORT MANAGEMENT, INC
2504 W MAIN ST
RAPID CITY, SD 57702-2424

B. Doing Business As Name and Physical Address

Lic # RW-6483
INFERNO ON THE BEACH
28075 RECREATION RD
HOT SPRINGS, SD 57747-7323

Owner's Telephone# : (134) (605) 343-1966

Business Telephone #: 605-745-4100

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
- [X] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [✓] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [✓] Yes [ ] No **If Yes, please list on the back page.**

Place of business is located in a municipality? [ ] Yes [✓] No

County: Fall River

Do you own [✓] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [✓] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [✓] Yes [ ] No

D. Legal description of licensed premise:

The North half (N½) of the North half (N½) of the Northeast Quarter (NE¼) of the Northwest Quarter (NW¼) of Section 28, Township 8 South, Range 6 East of the BHM Fall River County, SD

E. State Sales Tax Number: 1028-4602-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? ✓

G. CERTIFICATE The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 9/3/2025 Print Name Derek A. Bodahl Signature _____

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published _____ . Public hearing on the application was held _____, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC Angstrom Resort Management dba Inferno on the Beach

Address of office and principal place of business of corporation/partnership/LP/LLC 2504 W. Main St. Rapid City, SD

Are all managing officers of this corporation/partnership/LP/LLC of good moral character having never been convicted of a felony? [X] Yes [ ] No

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

Name	Office	Address	Occupation
See attachment #1			

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
See attachment #2	

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

Mayu Petroleum Company 2504 W. Main Street Rapid City, SD 57702 *Corporate*

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**

9/30/2025

Date Received _____

Date Issued _____

2026

License No. RL-6369

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

BILLIE J BESCO

28041 US HIGHWAY385
HOT SPRINGS, SD 57747-7363

B. Doing Business As Name and Physical Address

Lic # RL-6369
ANGOSTURA DEN

28041 US HIGHWAY385
HOT SPRINGS, SD 57747-7363

Owner's Telephone# : _____

Business Telephone #: 605 745 5456

C. Indicate the class of license being applied for (submit separate application for each class of license).

- [X] 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
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [X] Yes [ ] No **If Yes, please list on the back page**

Place of business is located in a municipality? [ ] Yes [X] No

County: Fall River

Do you own [X] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [X] Yes [ ] No

D. Legal description of licensed premise:

Tract 2 NW 1/4 Sec 39
Twp 7 Rg 6

East of BH Meridian

E. State Sales Tax Number: 1038-1102-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 10/6/25 Print Name Billie Besco Signature BBesco

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published _____ . Public hearing on the application was held _____, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 1,400.00
Amount of fee retained $ 1,400.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC Angostura Dev

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? [ ] Yes [ ] No

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

Name	Office	Address	Occupation

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		
B Basco	RL 6369	100%	28041 Hwy 385 H.S.S.D
"	RB 2628	"	"
"	PL 27818	"	"

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

_____

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**

B Basco 10/6/25

Date Received _____

Date Issued _____

2026

License No. PL-27818

Uniform Alcoholic Beverage License Application

A. Corporation, LLC, or Sole Proprietor Name and Mailing Address

BILLIE J BESCO

28041 US HIGHWAY385
HOT SPRINGS, SD 57747-7363

B. Doing Business As Name and Physical Address

Lic # PL-27818
ANGOSTURA DEN

28041 US HIGHWAY385
HOT SPRINGS, SD 57747-7363

Owner's Telephone# : (605) 890-1148

Business Telephone #: 605 745 5456

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
- [X] Package (off-sale) Liquor
- [ ] Retail (on-off sale) Wine and Cider
- [ ] Retail (on-off sale) Malt Beverage & SD Farm Wine
- [ ] Package Delivery
- [ ] Hunting Preserve
- [ ] Other _____

Is this License in active use? [X] Yes [ ] No

Do you or any officers, directors, partners, or stockholders hold any other alcohol retail, manufacturing, or wholesaler licenses? [X] Yes [ ] No **If Yes, please list on the back page**

Place of business is located in a municipality? [ ] Yes [X] No

County: Fall River

Do you own [X] or lease [ ] this property? (Check one)

Are real property taxes paid to date? [X] Yes [ ] No

Are you of good moral character having never been convicted of a felony ? [ ] Yes [X] No

D. Legal description of licensed premise:

Tract 2 NW 1/4 Sec #29
Twp 7 Rge
East of BH Meridian

E. State Sales Tax Number: 1038-1102-ST

F. New license? ____ Transfer? ($150) ____ Re-issuance? X

G. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements herein are true and correct; that the said applicant complies with all of the statutory requirements for the class of license being applied for and in addition agrees to permit agents of the Department of Revenue access to the licensed premises and records as provided in SDCL 35-2-2.1, and agrees this application shall constitute a contract between applicant and the State of South Dakota 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 Title 35 SDCL, as amended.

Date 10/6/25 Print Name Billie Besco Signature BBesco

H. APPROVAL OF LOCAL GOVERNING BODY- Notice of hearing was published _____ . Public hearing on the application was held _____, 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 have been reviewed and conform to the requirements of local and South Dakota law.

For Local Government Use

(Seal) _____
Mayor or Chairman

Renewal - no public hearing held ☐
Amount of fee collected with application $ 500.00
Amount of fee retained $ 500.00
Forwarded with application $ 0

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

Name of corporation/partnership/LP/LLC Argos Acres Dev

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? [ ] Yes [ ] No

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

Name	Office	Address	Occupation

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		
B Besco	PL 63169	100%	29041 Hiway 385 Hot Springs SD
"	RB 2678	"	"
"	PL 27818	"	"

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

_____

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**

B Besco 10/6/25

DAKOTA STATE
DigForCE / MADLABS

Security Assessment Agreement

This Agreement is made and entered into by and between Dakota State University, Madison, South Dakota ("DSU") and Fall River County ("FALL RIVER COUNTY"), a political subdivision of the State of South Dakota, on this **22nd** day of October, 2025.

WHEREAS, DSU operates Madison Cyber Labs ("MadLabs") which encompasses a variety of educational, research and development items related to cyber activity including identifying security flaws, along with analyzing and detecting cyber threats; and

WHEREAS, Project Boundary Fence is part of MadLabs at DSU; and

WHEREAS, Project Boundary Fence, a free resource for South Dakota county and city governments, seeks to assist county and city governments in securing networks from cyber attacks through external penetration testing on outward facing technology infrastructures; and

WHEREAS, Project Boundary Fence performs cybersecurity assessments in order to identify network vulnerabilities while also validating current security defenses; and

WHEREAS, FALL RIVER COUNTY seeks assistance from DSU in order for DSU, via Project Boundary Fence, to conduct a cybersecurity assessment of FALL RIVER COUNTY systems, networks and facilities ("System") in order to determine whether potential weaknesses exist in said Systems; and

WHEREAS, in order to conduct a cybersecurity assessment of FALL RIVER COUNTY Systems, DSU, via Project Boundary Fence, may seek to bypass security mechanisms in order to attempt to gain access to FALL RIVER COUNTY Systems; and

WHEREAS, DSU, via Project Boundary Fence, is willing to assist FALL RIVER COUNTY in the performance of a cybersecurity assessment.

NOW THEREFORE, in consideration of and pursuant to the terms and conditions set forth herein, DSU hereby enters into this Agreement with FALL RIVER COUNTY, in order for DSU, via Project Boundary Fence, to conduct a cybersecurity assessment of FALL RIVER COUNTY System; and the parties agree to the following:

1. Project Boundary Fence will perform a cybersecurity assessment of FALL RIVER COUNTY System, which assessment will be completed in conformance with industry standards and best practices. Project Boundary Fence agrees to advise the FALL RIVER COUNTY of any potential weaknesses with the FALL RIVER COUNTY System based upon the results of the cybersecurity assessment.

2. During the term of this Agreement, the FALL RIVER COUNTY grants to the below-listed members of DSU's Project Boundary Fence cybersecurity assessment team permission to assess information security for the FALL RIVER COUNTY , including permission to attempt to bypass security mechanisms and gain access to protected systems or resources of the FALL RIVER COUNTY , utilizing social engineering

methods with FALL RIVER COUNTY employees in order to induce said employees to disclose information, and engaging in other activities in order to assess whether FALL RIVER COUNTY System is vulnerable to security breaches.

The individuals with Project Boundary Fence, to whom permission is granted to complete the cybersecurity assessment, include the following:

- Noah Krull , Penetration Tester
- DSU Student Employees for Project Boundary Fence

Should other members of Project Boundary Fence at DSU provide services under this agreement, DSU will provide written notice to FALL RIVER COUNTY of such individual. Any questions about the assessment provided pursuant to this Agreement, the cybersecurity assessment team, or the permission they have been granted may be directed to:

Sue Ganjer
FALL RIVER COUNTY
906 N River St.
Hot Springs, SD 57747
605-745-5130

Additionally, the FALL RIVER COUNTY will provide DSU, via Project Boundary Fence, with a phone number where an authorized employee can be reached 24 hours per day during the term of this Agreement, to be used in the event DSU or Project Boundary Fence, is ever questioned by law enforcement regarding its access to, or attempts to access, the FALL RIVER COUNTY information.

Project Boundary Fence will perform the assessment in conformance with industry standards and best practices. DSU, via Project Boundary Fence, will advise the FALL RIVER COUNTY of any potential weaknesses in and/or concerns with the System based upon the results of the assessment.

3. The Parties acknowledge that as consideration for the cybersecurity assessment, DSU may receive outside funding. DSU will not separately charge the FALL RIVER COUNTY for its cybersecurity assessment.

4. For purposes of the cybersecurity assessment, and so that DSU, via Project Boundary Fence, may provide recommendations to the FALL RIVER COUNTY , the FALL RIVER COUNTY will provide to Project Boundary Fence or allow Project Boundary Fence access to certain Confidential Information of the FALL RIVER COUNTY , as defined below, and which Confidential Information the Parties recognize to be the property of the FALL RIVER COUNTY , and confidential and not discoverable as provided in State law and the transmission of which is granted in consideration of DSU's acceptance to sign this Agreement. Accordingly, the parties agree as follows:

A. DEFINITION OF CONFIDENTIAL INFORMATION. For the purposes hereof, "Confidential Information" means data and information relating to the official business of the FALL RIVER COUNTY or an affiliate of the FALL RIVER COUNTY which is or has been disclosed to DSU or of which DSU became aware as a consequence of or through its relationship to the FALL RIVER COUNTY or its affiliate and which has value to the FALL RIVER COUNTY or its affiliate and is not generally known to the public or required by law to be disclosed to the public. Such Confidential Information shall also include, but not be limited to:

(1) any third party Confidential Information that the FALL RIVER COUNTY and/or any supplying party has a duty to maintain as confidential and has so informed DSU; and

(2) any other valuable information designated by the FALL RIVER COUNTY and/or supply party as Confidential Information expressly or by circumstances in which it is provided (e.g., non-public party information provided by the FALL RIVER COUNTY and related to services performed by DSU).

B. COVERED PARTIES. For purposes hereof, the following terms shall have the meanings set forth below:

(1) "FALL RIVER COUNTY" shall mean the party that delivers its Confidential Information to DSU.

(2) "DSU" shall mean the party that receives Confidential Information from the FALL RIVER COUNTY.

(3) "Representatives" shall mean any directors, officers, employees, affiliates, representatives, agents, students, independent contractors or advisors of either party.

(4) DSU shall be solely responsible for all actions and obligations of its Representatives.

C. EXCLUSIONS. However, Confidential Information does not include information that: (a) is now or subsequently becomes generally available to the public through no fault or breach on the part of DSU; (b) DSU can demonstrate to have had rightfully in its possession prior to disclosure to DSU by or on behalf of the FALL RIVER COUNTY ; (c) DSU can demonstrate was independently developed by the DSU without the use of any Confidential Information; or (d) DSU rightfully obtains from a third party who has the right to transfer or disclose it.

D. NON-DISCLOSURE AND NON-USE OF CONFIDENTIAL INFORMATION. DSU will not, and will not permit its Representatives to disclose, publish or disseminate Confidential Information to anyone other than its employees and agents on a need-to-know basis, for purposes of providing the Services as required by this Agreement, and agrees to take every precaution to prevent any unauthorized use,

disclosure, publication or dissemination of Confidential Information, other than the sole purpose stated above in this Agreement. Although DSU may have access to Confidential Information beyond what is necessary for DSU to perform its quality assurance activities, DSU agrees and acknowledges that it will limit its use of such information to only that which is necessary. Any use or transmission of all or any part of the Confidential Information, except as otherwise expressly provided herein, shall be deemed to be a default under this Agreement.

E. AUTHORIZED ACCESS. DSU will notify the FALL RIVER COUNTY of any individual who will seek access to Confidential Information to assist in performing the Services. No individual shall be provided or allowed access to Confidential Information until prior notice has been provided to, and approval received from, the FALL RIVER COUNTY.

F. LEGAL PROCESS AND PRODUCTION. In the event that DSU or anyone to whom DSU transmits the Confidential Information becomes legally compelled to disclose any of the Confidential Information, DSU will provide the FALL RIVER COUNTY with prompt notice so that the FALL RIVER COUNTY may seek a protective order or other appropriate remedy and/or waive compliance with the provisions of this Agreement. In the event that such protective order or other remedy is not obtained, or that the FALL RIVER COUNTY waives compliance with the provisions of this Agreement, DSU will furnish only that portion of the Confidential Information which is legally required.

5. This Agreement shall terminate on 22nd day of October 2026, provided, however, that the confidentiality obligations set forth herein will remain in full force and effect for so long as DSU is in possession of any Confidential Information of the FALL RIVER COUNTY in any form.

6. Either party may, by written notice to the other, terminate this Agreement in whole or in part at any time.

7. The parties acknowledge that they are entering into this Agreement freely and voluntarily, that they have the opportunity to be represented and advised by counsel in the negotiations resulting in this Agreement, that they have ascertained and weighed all the facts and circumstances likely to influence their judgment, that they have given due consideration to the provisions contained herein, and that they thoroughly understand and consent to all provisions herein.

8. The validity, performance, and enforcement of this Agreement are governed by the laws of the state of South Dakota. Should any section or provision of this Agreement be declared by the courts to be invalid, the same will not affect the validity of the Agreement as a whole or any part thereof, other than the part declared to be invalid.

9. This instrument contains the entire Agreement between the parties, and no statement, promises, or inducements made by either party or agent of either party that are not contained in this written contract shall be valid or binding. This contract may not be enlarged, modified, or altered except in writing, signed by both parties and endorsed hereon.

10. DSU hereby assigns to the FALL RIVER COUNTY all rights, title, and interest in and to all reports, schedules, models, budgets, and other documents, and all information contained therein, prepared and assembled by DSU in connection with this Agreement.

11. This Agreement shall inure to the benefit of and be binding upon the heirs, executors, administrators, assignees, and successors of the respective parties.

12. The parties agree that electronic transmission via facsimile or email to the other party of a copy of this Agreement bearing such parties' signature shall suffice to bind the party transmitting same to this Agreement in the same manner as if an original signature had been delivered. Without limitation of the foregoing, each party who electronically transmits an executed copy of this Agreement via facsimile or email bearing its signature covenants to deliver the original thereof to the other party as soon as possible thereafter

IN WITNESS WHEREOF, the parties have executed this Agreement the day and year first above written.

FALL RIVER COUNTY

Name: Sue Ganje Date

Fall River County Auditor
Title

DS

DAKOTA STATE UNIVERSITY/ Department

Name: Date

Title

DAKOTA STATE UNIVERSITY/ Director of Secure SD ____

DAKOTA STATE UNIVERSITY/ VP for Business & Admin Services ____

DAKOTA STATE UNIVERSITY/ Authorized Official

Name: Date

Title