

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

License No. RB-23015

### Uniform Alcoholic Beverage License Application

Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100.

<p><b>A. Owner Name and Address</b></p> <p><u>Luke + Rebecca Ortiz</u> <u>Fourlight Inc</u>  <u>2008 Ruffe View Dr</u> <u>Tamarack Inc</u>  <u>Sturgis SD 57785</u></p> <p>Owner's Telephone #: <u>605 347 0979</u></p> <p><b>C. Indicate the class of license being applied for</b>  (submit separate application for each class of license.)</p> <p><input type="checkbox"/> Retail (on-sale) Liquor  <input type="checkbox"/> Retail (on-sale) Liquor - Restaurant  <input type="checkbox"/> Retail (on-off sale) Wine  <input type="checkbox"/> Package (off-sale) Liquor  <input checked="" type="checkbox"/> Retail (on-off sale) Malt Beverage  <input type="checkbox"/> Retail (on-off sale) Malt Beverage &amp; SD Farm Wine  <input type="checkbox"/> Package (off sale) Malt Beverage  <input type="checkbox"/> Package (off sale) Malt Beverage &amp; SD Farm Wine  <input type="checkbox"/> Other (please classify) _____  <input type="checkbox"/> Transfer Fee \$150.00</p> <p>Number of other Package Liquor Licenses held: _____  Number of other On-sale Liquor Licenses held: _____  Is this License in active use? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><b>B. Business Name and Address</b></p> <p><u>Total E Clips Salon</u>  <u>920 1st Street</u>  License Number: <u>RB-23015</u>  Business Telephone #: <u>605 347 2400</u></p> <p><b>D. Legal description of licensed premise:</b></p> <p><u>Lot B-16, Block 15 Original Town</u>  <u>Meade County, South Dakota</u>  <u>PTN 01.71.15.131</u></p> <p>Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Do you own <input type="checkbox"/> or lease <input checked="" type="checkbox"/> this property? (Check one)</p> <p><b>E. State Sales Tax Number:</b> <u>1017-6442-ST</u></p> <p><b>F. Remember to obtain a Federal Alcohol Stamp, for help call TTB</b>  at 1-800-937-8864.</p> <p><b>G. New license?</b> <input type="checkbox"/> <b>Transfer? (\$150)</b> <input checked="" type="checkbox"/> <b>Re-issuance?</b> <input type="checkbox"/></p>
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**H. CERTIFICATE:** The undersigned applicant certifies under the penalties of perjury that all statements provided 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 10/7/16 Print Name Luke A Ortiz Signature Luke A Ortiz

**I. Any Application** required to be submitted to a local governing board must be signed in the presence of the city or county auditor, the town clerk or notary public. This applies to ALL applications EXCEPT the following: distillers, manufacturers, wholesalers, municipalities, airports, solicitors, dispensers, carriers, transportation companies, and farm wineries.

Place of business is located in a municipality?  Yes  No County: Meade

This application was subscribed and sworn to before me this 7<sup>th</sup> day of October

Approving Officer's Telephone number 605-347-4422 Signature: Jay Bue

**J. APPROVAL OF LOCAL GOVERNING BODY** - Notice of hearing was published on \_\_\_\_\_ . 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.

Application approved for Sunday on-sale operation?  Yes  No

Are real property taxes paid to date?  Yes  No

Ineligible for video lottery

Number of video lottery terminals on licensed premise: \_\_\_\_\_

Renewal - no public hearing held

Amount of fee collected with application \$150.00

Amount of fee retained \$ 75.00

Forwarded with application \$ 75.00

**For Local Government Use**

(Seal) \_\_\_\_\_  
Mayor or Chairman

If disapproved, endorse reason thereon and return to applicant

**Transferred (State Use)**

From: \_\_\_\_\_  
Sales tax approval \_\_\_\_\_ Date \_\_\_\_\_  
**STATE LIQUOR AUTHORITY: APPROVAL \_\_\_\_\_ REVIEW \_\_\_\_\_**

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

If supplement unchanged from last year check this box and sign below.

State of South Dakota )  
  :ss )  
County of \_\_\_\_\_ )

**Affidavit**

We, the undersigned, being first duly sworn upon oath, supply the following information:

Name of corporation/partnership/LP/LLC Tamarack Inc  
 Address of office and principal place of business of corporation/partnership/LP/LLC 2008 Butte View Dr Sturgis SD 57785  
 Date of incorporation 1-1-2000  
 Date of last report filed with Secretary of State 1-1-2016  
 Are all managing officers of this corporation/partnership/LP/LLC of good moral character? Yes  
 Have any of the managing officers of this corporation/partnership/LP/LLC ever been convicted of a felony? 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
<u>Luke Anthony Ortiz</u>	<u>Pres, VicePres</u>	<u>2008 Butte View Dr</u>	<u>Owner</u>
<u>Rebecca Lynn Ortiz</u>	<u>Sec, Treas</u>	<u>"</u>	<u>"</u>

Name, address and occupation of each of the directors of the corporation:

Name	Address	Occupation
<u>Same as above</u>		

Name and address of each of the stockholders and percentage of shares owned or held by each:

Name	Address	Percentage of Shares
<u>Luke Anthony Ortiz</u>		<u>51%</u>
<u>Rebecca Lynn Ortiz</u>		<u>49%</u>

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other retail liquor outlet:

Name	Type of License, Financial Interest Held, and Address of Retail Outlet

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

2008 Butte View Dr Sturgis SD 57785

**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 Luke A Ortiz

Subscribed and sworn to before me this 7<sup>th</sup> of October, 2016, Meade County, State of South Dakota.

My commission expires My Commission Expires June 29, 2022

Jay Bree  
(Notary Public)

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_

License No. RW-22795

### Uniform Alcoholic Beverage License Application

Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100.

**A. Owner Name and Address**

Luke & Rebecca Ortiz Tamarack Inc  
2008 Butte View Dr  
Sturgis SD 57785

Owner's Telephone #: 605 347 0979

**B. Business Name and Address**

Total Elips sdn  
920 1st Street Sturgis SD 57785

License Number: RW-22795

Business Telephone #: 605 347 2400

**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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off sale) Malt Beverage
- Package (off sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0  
Number of other On-sale Liquor Licenses held: 0  
Is this License in active use?  Yes  No

**D. Legal description of licensed premise:**

Lot 13-16, Block 15, original town  
Meade County, South Dakota  
PIU: 01.71.15.131

Have you ever been convicted of a felony?  Yes  No

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

E. State Sales Tax Number: 1017-6442-ST

F. Remember to obtain a Federal Alcohol Stamp, for help call TTB at 1-800-937-8864.

G. New license?  Transfer? (\$150)  Re-issuance?

**H. CERTIFICATE:** The undersigned applicant certifies under the penalties of perjury that all statements provided 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 7 16 Print Name Luke Ortiz Signature Luke Ortiz

**I.** Any Application required to be submitted to a local governing board must be signed in the presence of the city or county auditor, the town clerk or notary public. This applies to ALL applications EXCEPT the following: distillers, manufacturers, wholesalers, municipalities, airports, solicitors, dispensers, carriers, transportation companies, and farm wineries.

Place of business is located in a municipality?  Yes  No County: Meade

This application was subscribed and sworn to before me this 7 day of October 2014

Approving Officer's Telephone number 347-4422 Signature: Fay B...

**J. APPROVAL OF LOCAL GOVERNING BODY** - Notice of hearing was published on \_\_\_\_\_ . 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.

Application approved for Sunday on-sale operation?  Yes  No

Are real property taxes paid to date?  Yes  No

Ineligible for video lottery

Number of video lottery terminals on licensed premise: \_\_\_\_\_

Renewal - no public hearing held

Amount of fee collected with application \$ 150.00

Amount of fee retained \$ 150.00

Forwarded with application \$ 0

**For Local Government Use**

(Seal) \_\_\_\_\_  
Mayor or Chairman

If disapproved, endorse reason thereon and return to applicant

**Transferred (State Use)**

From: \_\_\_\_\_

Sales tax approval \_\_\_\_\_ Date \_\_\_\_\_

STATE LIQUOR AUTHORITY: APPROVAL \_\_\_\_\_ REVIEW \_\_\_\_\_

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

If supplement unchanged from last year check this box and sign below.

State of South Dakota )

**Affidavit**

County of )

We, the undersigned, being first duly sworn upon oath, supply the following information:

Name of corporation/partnership/LP/LLC Tamarack Inn  
 Address of office and principal place of business of corporation/partnership/LP/LLC 2008 Butte View Dr Sturgis SD 57785  
 Date of incorporation 1-1-2000  
 Date of last report filed with Secretary of State 1-1-2016  
 Are all managing officers of this corporation/partnership/LP/LLC of good moral character? Yes  
 Have any of the managing officers of this corporation/partnership/LP/LLC ever been convicted of a felony? 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
<u>Luke Anthony Ortiz</u>	<u>Pres, Vice Pres</u>	<u>2008 Butte View Dr</u>	<u>Owner</u>
<u>Rebecca Lynn Ortiz</u>	<u>Sec, Treas</u>	<u>"</u>	<u>"</u>

Name, address and occupation of each of the directors of the corporation:

Name	Address	Occupation
<u>Same As above</u>		

Name and address of each of the stockholders and percentage of shares owned or held by each:

Name	Address	Percentage of Shares
<u>Luke Anthony Ortiz</u>		<u>51%</u>
<u>Rebecca Lynn Ortiz</u>		<u>49%</u>

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other retail liquor outlet:

Name	Type of License, Financial Interest Held, and Address of Retail Outlet

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

2008 Butte View Dr Sturgis SD 57785

**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.

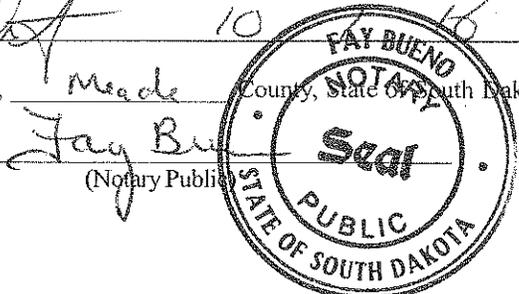
We the undersigned officers and directors of the applicant company acknowledge that the within supplement application form is true and correct in every respect and that there exists no financial arrangement concerning this or any other alcoholic beverage license than that expressly set forth above. If company stock is to be transferred we ask for approval of such voluntary stock transfer.

Signature of Authorized Officer/Director/Partner Luke Ortiz 10

Subscribed and sworn to before me this 7 of October 2016, Made 10 County, State of South Dakota.

My commission expires \_\_\_\_\_

**My Commission Expires  
June 29, 2022**



Date Received \_\_\_\_\_

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

Date Issued \_\_\_\_\_

# Uniform Alcoholic Beverage License Application

Mail this copy to: Department of Revenue, Special Tax Division 445 East Capitol Ave Pierre, SD 57501-3100.

### A. Owner Name and Address

City of Sturgis  
1040 Harley Davidson Way  
Sturgis, SD 57785

Owner's Telephone #: (605) 347-4422

### B. Business Name and Address

Sturgis Liquor Annex - 1057 Dudley Street - Sturgis, SD

License Number: PL-21809

Business Telephone #: (605) 347-4422

### 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
- Retail (on-off sale) Wine
- Package (off-sale) Liquor
- Retail (on-off sale) Malt Beverage
- Retail (on-off sale) Malt Beverage & SD Farm Wine
- Package (off sale) Malt Beverage
- Package (off sale) Malt Beverage & SD Farm Wine
- Other (please classify) \_\_\_\_\_
- Transfer Fee \$150.00

Number of other Package Liquor Licenses held: 0

Number of other On-sale Liquor Licenses held: 0

Is this License in active use?  Yes  No

### D. Legal description of licensed premise:

Parks Subdivision, Lot 4B of Lot 4 of SE 4-5-5; Lot 1 of Lot 3A Lot 4Z SESE

Have you ever been convicted of a felony?  Yes  No

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

E. State Sales Tax Number: 1029-9144-ST

F. Remember to obtain a Federal Alcohol Stamp, for help call TTB at 1-800-937-8864.

G. New license?  Transfer? (\$150)  Re-issuance?

H. CERTIFICATE: The undersigned applicant certifies under the penalties of perjury that all statements provided 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 10/13/2016 Print Name Fay Bueno Signature *Fay Bueno*

I. Any Application required to be submitted to a local governing board must be signed in the presence of the city or county auditor, the town clerk or notary public. This applies to ALL applications EXCEPT the following: distillers, manufacturers, wholesalers, municipalities, airports, solicitors, dispensers, carriers, transportation companies, and farm wineries.

Place of business is located in a municipality?  Yes  No County: Meade

This application was subscribed and sworn to before me this 13 day of October 2016

Approving Officer's Telephone number 605-347-4422 Signature: *Elaine Wolken*

J. APPROVAL OF LOCAL GOVERNING BODY - Notice of hearing was published on \_\_\_\_\_ . 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.

Application approved for Sunday on-sale operation?  Yes  No

Are real property taxes paid to date?  Yes  No

Ineligible for video lottery

Number of video lottery terminals on licensed premise: \_\_\_\_\_

Renewal - no public hearing held

Amount of fee collected with application \$ \_\_\_\_\_

Amount of fee retained \$ \_\_\_\_\_

Forwarded with application \$ \_\_\_\_\_

### For Local Government Use

(Seal) \_\_\_\_\_

Mayor or Chairman

If disapproved, endorse reason thereon and return to applicant

### Transferred (State Use)

From: \_\_\_\_\_

Sales tax approval \_\_\_\_\_ Date \_\_\_\_\_

STATE LIQUOR AUTHORITY: APPROVAL \_\_\_\_\_ REVIEW \_\_\_\_\_

Please complete reverse side

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

If supplement unchanged from last year check this box and sign below.

**Affidavit**

State of South Dakota )

:ss

County of )

We, the undersigned, being first duly sworn upon oath, supply the following information:

Name of corporation/partnership/LP/LLC \_\_\_\_\_

Address of office and principal place of business of corporation/partnership/LP/LLC \_\_\_\_\_

Date of incorporation \_\_\_\_\_

Date of last report filed with Secretary of State \_\_\_\_\_

Are all managing officers of this corporation/partnership/LP/LLC of good moral character? \_\_\_\_\_

Have any of the managing officers of this corporation/partnership/LP/LLC ever been convicted of a felony? \_\_\_\_\_

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

Name	Office	Address	Occupation
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address and occupation of each of the directors of the corporation:

Name	Address	Occupation
------	---------	------------

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of each of the stockholders and percentage of shares owned or held by each:

Name	Address	Percentage of Shares
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of any officers, directors, partners or stockholders of applicant having a financial interest or capital stock in any other retail liquor outlet:

Name	Type of License, Financial Interest Held, and Address of Retail Outlet
------	--

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Jay Bunn

Subscribed and sworn to before me this 13 of October 2016 Meade County, State of South Dakota.

**ELAINE A. RIX-WOLKEN  
NOTARY PUBLIC**

My commission expires \_\_\_\_\_

**MY COMMISSION EXPIRES: 7-16-2020**

Elaine A. Rix-Wolken  
(Notary Public)

Publish: October 19, 2016

NOTICE OF PUBLIC HEARING  
UPON APPLICATION FOR SALE OF  
ALCOHOLIC BEVERAGES

NOTICE IS HEREBY GIVEN that the Common Council of the City of Sturgis, South Dakota, will meet in regular session at the Erskine Building, 1300 Sherman Street, on the 7th day of November, 2016 at 6:30 pm to consider the following liquor and wine license renewal applications for the calendar year 2017:

Package (off-sale) Liquor

1. City of Sturgis, dba Sturgis Liquor – 1075 Lazelle
2. City of Sturgis, dba Sturgis Liquor Annex – 1057 Dudley Street

Retail (on-sale w/Sunday Sales) Liquor

- a. American Legion Mead Post 33/ VFW Paha Sapa Post 2730 – 868 Main St
- b. Low Country Oysters of Sturgis, LLC dba The Beaver Bar – 12976 Highway 34
- c. KSLB & D dba Iron Horse Saloon – 888 Junction Ave.
- d. Lonbar LLC – 2715 Lazelle
- e. Homeslice Management, LLC dba Loud American Roadhouse – 1305 Main St
- f. PSI Enterprises, LLC dba Oasis Bar & Lounge – 1145 Main St
- g. One Eyed Jacks Saloon of Sturgis Inc dba One Eyed Jack's Saloon – 1304 Main St
- h. Schmid Investments dba Sidehack Saloon – 1027 Lazelle Street
- i. Key City Enterprises dba The Knuckle Saloon – 931 1<sup>st</sup> Street

Wine (on-off sale) License

- a. CBH Cooperative – Cenex-C-Store – 2030 Lazelle Street
- b. Days Inn Campground – 2501 Avalanche Rd
- c. Fresh Start Convenience Store, Inc. – 2620 Lazelle St.
- d. Kan-Meyer Inc dba Grocery Mart – 2216 Junction Ave
- e. Sheree D Schriver dba Jambonz Grill & Pub – 2214 Junction Ave.
- f. Sturgis Water Works Com LLC dba JJ Davenport's Restaurant – 1020 Junction
- g. Lynn's Discount Foods, Inc. dba Lynn's Dakota Mart – 1111 Lazelle St
- h. Moyle Petroleum dba Common Cents – 2421 Junction Ave
- i. Billy Fields & Jason Fields dba Rosco'z – 976 Lazelle
- j. Dungeon Bar dba Royal Flush Casino and Sports Bar – 1030 Main Street
- k. Shopko Stores Operating Co. LLC – 2105 Lazelle Street
- l. MAJR, LLC dba Sturgis Coffee Company – 2275 Lazelle Street
- m. Sturgis Wine Company LLC dba Sturgis Wine Company – 1117 Main Street
- n. Key City Enterprises dba The Knuckle Saloon – 931 1<sup>st</sup> Street
- o. Luke & Rebecca Ortiz, Tamarack Inc dba Total E'Clips Salon – 920 1<sup>st</sup> St
- p. Willie Nillie Inc. dba Willie Nillie – 2715 Lazelle Street

NOTICE IS FURTHER GIVEN that any person(s) or their attorney who are interested in the approval or rejection of any such application may appear and be heard. Individuals needing assistance pursuant to the *Americans with Disabilities Act* should contact the

City of Sturgis Finance Officer (605.347.4422) in advance of the meeting to make any necessary arrangements.

Published once at the total approximate cost of

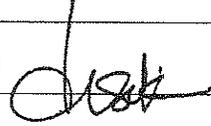


**Council Report**

Meeting Date:	Monday, October 17, 2016
Agenda Item:	ESGR Statement of Support 2016
Prepared By:	Human Resources

Background Information:	<p>The City has traditionally been very supportive of our employees who serve in active and reserve duty with the branches of the United States military.</p> <p>In December 2012 and again in May 2014, the City signed a Statement of Support for Guard and Reserve. We currently have 11 employees and volunteers who serve in the National Guard (either as active duty or in the reserves.) Staff believes that it is important to reaffirm our commitment to those employees who serve in the Guard and Reserve.</p> <p><b>Police:</b> Josh Whitford, Jameson Tebben  <b>Community Center:</b> Adam Hosch  <b>Public Works:</b> Justin Barden  <b>Fire:</b> Shane Barrows*, Todd Bartels, Dave Fischer*, Tom Nelson, Parker Peterson*, Rachel Sirignano*, Clint Walker* <i>(Firefighters marked with * are also employees of the Ambulance Service.)</i></p>
Cost, Benefit or Risks:	None.
Budget Impact:	None.

Department Head Recommendation:	Staff recommends approval.
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Department Head Approval:	Lisa M. Katzenstein 
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**Planning & Permitting Office**

1040 Harley-Davidson Way, Sturgis, SD 57785 • (605) 347-4422 • Fax: (605) 347-4861  
[dsmith@sturgisgov.com](mailto:dsmith@sturgisgov.com)      [srovere@sturgisgov.com](mailto:srovere@sturgisgov.com)      [csteele@sturgisgov.com](mailto:csteele@sturgisgov.com)  
[www.sturgis-sd.gov](http://www.sturgis-sd.gov)      [www.facebook.com/cityofsturgis](http://www.facebook.com/cityofsturgis)

*"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal. (Not all prohibited bases apply to all programs.)"*



# STATEMENT OF SUPPORT FOR THE GUARD AND RESERVE



We recognize the Guard and Reserve are essential to the strength of our Nation and the well-being of our communities.

In the highest American tradition, the patriotic men and women of the Guard and Reserve serve voluntarily in an honorable and vital profession. They train to respond to their community and their country in time of need. They deserve the support of every segment of our society.

If these volunteer forces are to continue to serve our Nation, increased public understanding is required of the essential role of the Guard and Reserve in preserving our national security.

Therefore, we join other employers in pledging that:

- We fully recognize, honor and comply with the Uniformed Services Employment and Reemployment Rights Act (USERRA).
- We will provide our managers and supervisors with the tools they need to effectively manage those employees who serve in the Guard and Reserve.
- We appreciate the values, leadership and unique skills Service members bring to the workforce and will encourage opportunities to employ Guardsmen, Reservists, transitioning Service members and Veterans.
- We will continually recognize and support our country's Service members and their families in peace, in crisis, and in war.

Paul E. Mock  
National Chair, ESGR

Ash Carter  
Secretary of Defense

Employer

Date





## Planning Commission City Council Report

October 17, 2016  
Christina Steele, Planning & Zoning Coordinator  
Plat – Regional Health Network

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### Background/History

Request for a re-plat to consolidate lots owned by Regional Health Network into one parcel (Lot 2R consisting of 5.1 acres). This property is zoned Single Family/Office/Commercial. The purpose of the re-plat is to allow for a major expansion and remodel of the hospital facility. With all lots consolidated, setbacks will be met without any requests for variances.

### Recommendations

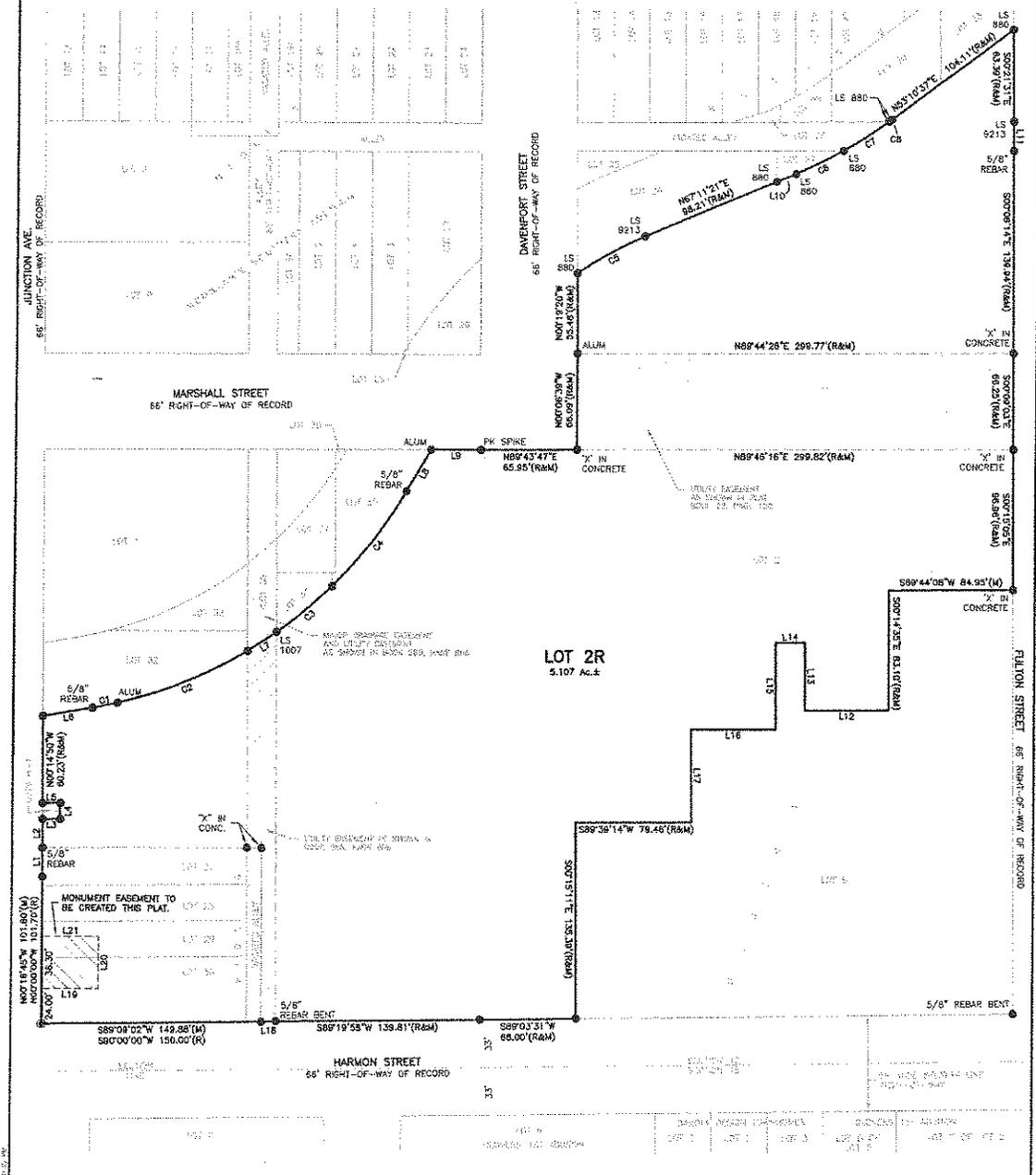
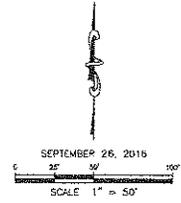
Staff has reviewed the plat and found it meets all platting requirements. On October 4, 2016 the Planning Commission reviewed this plat. Following review, a motion to approve was made by Commissioner Olson, 2<sup>nd</sup> by Treloar with all members voting yes on the motion. (Gerberding abstained).

### Budget Impact

The plat has no direct impact on the budget at this time. Future improvements will have a positive effect with an increased property value. The expanded health services planned by Regional Health Network will greatly benefit the community.



**PLAT OF  
LOT 2R,  
HOSPITAL SUBDIVISION**  
(formerly Lots 27-30 and vacated alley laying adjacent in Block 4 of  
McMillan's Southern Addition to Sturgis, and Lot 2 of Hospital Subdivision)  
LOCATED IN THE SW1/4 OF SW1/4,  
SECTION 10, T5N, R5E, BHM,  
CITY OF STURGIS, MEADE COUNTY, SOUTH DAKOTA



LINE	BEARING	DISTANCE
L1(W)	N00°45'30\"/>	

CURVE	ARC LENGTH	RADIUS	DELTA ANGLE	CHORD BEARINGS	CHORD LENGTH
C1(R&M)	17.42'	311.48'	3°12'38\"/>		

**LEGEND**  
 (R) Denotes Recorded in previous plat or description.  
 (M) Denotes Measured in this survey.  
 BASIS OF BEARINGS: Solar Observation.



**PLAT OF  
LOT 2R,  
HOSPITAL SUBDIVISION**  
(formerly Lots 27-30 and vacated alley laying adjacent in Block 4 of  
McMillan's Southern Addition to Sturgis, and Lot 2 of Hospital Subdivision)  
LOCATED IN THE SW1/4 OF SW1/4,  
SECTION 10, T5N, R5E, BHM,  
CITY OF STURGIS, MEADE COUNTY, SOUTH DAKOTA

**CERTIFICATE OF OWNERSHIP**

State of South Dakota S.S.  
County of Meade

I, the undersigned do hereby certify that I am the owner of the tract of land shown and described herein, that said land is free from any encumbrance, that I did authorize and do hereby approve the survey and within plot of said land for the purposes indicated herein. I further certify that the development of this land shall conform to all existing applicable zoning, subdivision, erosion and sediment control regulations.

Any land shown on the within plat as dedicated to public right-of-way is hereby dedicated to public use and public utility use as such forever, but such dedication shall not be construed to be a donation of the fee of such land.

In witness whereof, I have set my hand and seal.

OWNER: Regional Health Network Inc., F.K.A. West Dakota Health Care Inc.

By: \_\_\_\_\_  
Kylie L. Richards, PRESIDENT

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, a Notary Public, personally appeared Kylie L. Richards, known to me to be the person described in the foregoing instrument and acknowledged to me that he signed the same.

NOTARY PUBLIC: \_\_\_\_\_  
My commission expires: \_\_\_\_\_

**CERTIFICATE OF DIRECTOR OF EQUALIZATION**

I, Director of Equalization of Meade County, do hereby certify that I have received a copy of this Plat, and is filed in my office.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Meade County Director of Equalization

**CERTIFICATE OF COUNTY TREASURER**

I, Treasurer of Meade County, do hereby certify that all taxes, which are liens upon the within described lands as shown hereon and by receipts of my office, have been fully paid to date.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Meade County Treasurer

**CERTIFICATE OF OWNERSHIP**

State of South Dakota S.S.  
County of Meade

I, the undersigned do hereby certify that I am the owner of the tract of land shown and described herein, that said land is free from any encumbrance, that I did authorize and do hereby approve the survey and within plot of said land for the purposes indicated herein. I further certify that the development of this land shall conform to all existing applicable zoning, subdivision, erosion and sediment control regulations.

Any land shown on the within plat as dedicated to public right-of-way is hereby dedicated to public use and public utility use as such forever, but such dedication shall not be construed to be a donation of the fee of such land.

In witness whereof, I have set my hand and seal.

OWNER: Rapid City Regional Hospital, Inc.

By: \_\_\_\_\_  
Dennis Milliron, Interim CEO

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ before me, a Notary Public, personally appeared Dennis Milliron, known to me to be the person described in the foregoing instrument and acknowledged to me that he signed the same.

NOTARY PUBLIC: \_\_\_\_\_  
My commission expires: \_\_\_\_\_



**CERTIFICATE OF SURVEYOR**

State of South Dakota S.S.  
County of Pennington

I, Eric D. Howard, Registered Land Surveyor No. 9213 in the State of South Dakota, do hereby certify that at the request of the owners listed hereon, I have surveyed the tract of land shown, and to the best of my knowledge and belief, the within plat is a representation of said survey. Easements or restrictions of miscellaneous record or private agreements that are not known to me are not shown hereon.

In witness whereof, I have hereunto set my hand and seal.

\_\_\_\_\_  
Eric D. Howard, Registered Land Surveyor Date: 9-26-16

**CERTIFICATE OF HIGHWAY OR STREET AUTHORITY**

The location of the proposed property lines abutting the County or State Highway or City Street as shown hereon, is hereby approved. Any change in the location of the proposed access shall require additional approval.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Highway or Street Authority

**CERTIFICATE OF STURGIS CITY COMMON COUNCIL**

We the undersigned, as authorized representatives of the Sturgis City Common Council, do hereby certify that at an official meeting held on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that we did approve this Plat.

Attest: \_\_\_\_\_  
City Auditor

Mayor: \_\_\_\_\_

**CERTIFICATE OF PLANNING AND ZONING COMMISSION**

Approved by the City of Sturgis Planning and Zoning Commission, Meade County, South Dakota.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Signed: \_\_\_\_\_  
Chair

Attest: \_\_\_\_\_  
Secretary

**CERTIFICATE OF REGISTER OF DEEDS**

State of South Dakota S.S.  
County of Meade

Filed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M. in Book \_\_\_\_\_ of Plate, Page \_\_\_\_\_

Fee: \$ \_\_\_\_\_  
Meade County Register of Deeds





## Planning Commission City Council Report

October 17, 2016  
Christina Steele, Planning & Zoning Coordinator  
Plat – Sturgis Economic Development, Inc.

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### **Background/History**

Plat of Lot 2B-1 and Lot 2F-1 located along Mayer Avenue in the Industrial Park. This is a re-plat of Lot 2B Revised and Lot 2F Revised and is a simple lot line adjustment which will add 25' to the west side of Lot 2F-1 and will shrink Lot 2B-1 the same. No variances are requested.

### **Recommendations**

Staff supports this request for re-plat.

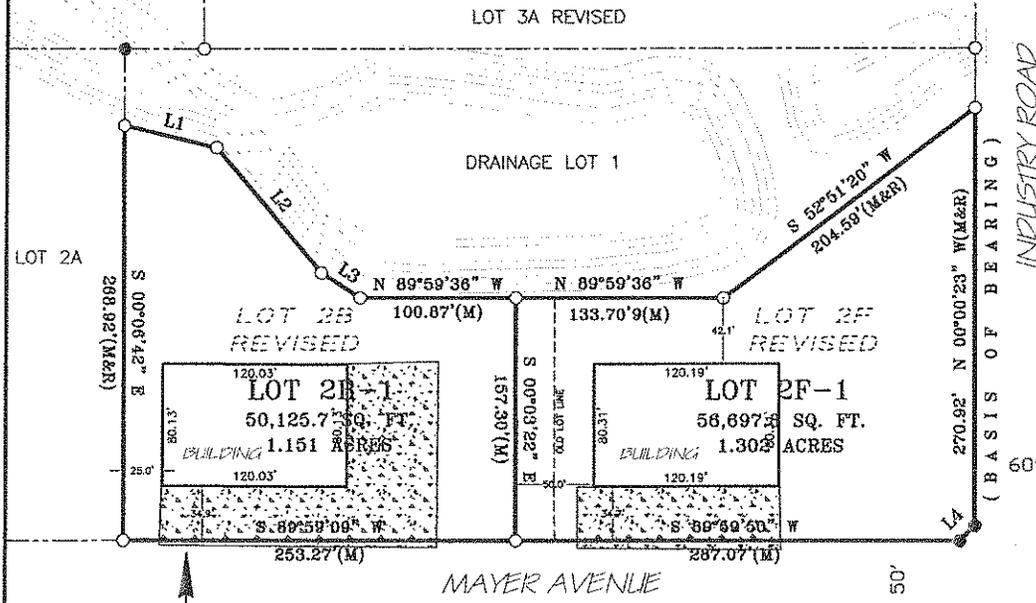
On September 7, the Planning Commission considered the plat and voted unanimously to approve the plat as presented.

### **Budget Impact**

No direct impact on the budget noted.



**Preliminary Plat of  
Lot 2B-1 and Lot 2F-1 of Sturgis Industrial Park Subdivision.  
Formerly Lot 2B Revised and Lot 2F Revised of Sturgis Industrial Park Subdivision,  
Located in the South 1/2 of Section 6, Township 5 North, Range 5 East,  
Black Hills Meridian, City of Sturgis, Meade County, South Dakota.**



LINE	BEARING	DISTANCE	
L1	S 76°41'36" E	61.30'	(M)
L2	S 39°47'09" E	105.76'	(M&R)
L3	S 57°29'14" E	30.02'	(M&R)
L4	N 44°08'07" E	13.77'	(M&R)

- LEGEND**
- Found or Set 3/8" Rebar with Cap marked "VASKNETZ RLS 7719".
  - Found 5/8" Rebar & Cap marked "BUSH RLS 6692". Unless otherwise noted.
  - Found 5/8" Rebar & Cap marked "LS 3721". Unless otherwise noted.
  - (R) Indicates dimensions previously recorded.
  - (M) Indicates measured dimensions this survey.

0' 50' 100' 150'  
SCALE: 1" = 50 FEET  
SEPTEMBER 2016

**COUNTY TREASURER'S CERTIFICATE**

I, Treasurer of Meade County, South Dakota, do hereby certify that all taxes which are liens upon the land described hereon, as shown by the records of my office, are fully paid.

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

Meade County Treasurer

**STURGIS COMMON COUNCIL**

We, the undersigned, as authorized representatives of the Sturgis City Common Council, do hereby certify that at an official meeting held on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that We did Approve this Plat.

Attest: \_\_\_\_\_ Mayor: \_\_\_\_\_  
City Auditor

**PLANNING COMMISSION**

Approved by the City of Sturgis Planning Commission, Meade County, South Dakota.

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

Signed: \_\_\_\_\_ Chairman

Attest: \_\_\_\_\_ Secretary

**CERTIFICATE OF HIGHWAY OR STREET AUTHORITY**

The location of the proposed access to the Highway or Street as shown hereon is hereby approved. Any change in the location of the proposed access shall require additional approval.

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

Highway or Street Authority

**CERTIFICATE OF DIRECTOR OF EQUALIZATION**

I, Director of Equalization of Meade County, South Dakota, do hereby certify that I have on record in my office a copy of the within described plat.

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

Meade County  
Director of Equalization

**OFFICE OF REGISTER OF DEEDS**

Meade County Register of Deeds

**SURVEYOR'S NOTES**

- 1) Reference Plats in Plat Book 24 at Page 10.
- 2) Utility & Minor Drainage Easements:  
8' Wide on the interior side of all lot lines.
- 3) Building Restrictions:  
Per the 2015 International Building Code (IBC).
- 4) Building Setbacks:  
Per the City of Sturgis Title 18 Zoning Codes.  
25' Front, 25' Rear, 10' Street Side Corner Lot and 8' All Side Lot Lines.

**SURVEYOR'S CERTIFICATE**

I, Sharon E. Vasknetz, 1921 Lazelle Street, Sturgis, SD, being a Registered Land Surveyor in the State of South Dakota, do hereby state that at the request of the Owners stated hereon, I have surveyed and platted the property shown and described hereon. I have marked upon the ground the boundaries in the manner shown, and that the plat is correct to the best of my knowledge, information and belief.

IN WITNESS WHEREOF  
I hereunto set my hand and seal  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Sharon E. Vasknetz  
Registered Land Surveyor No. 7719

**OWNER'S CERTIFICATE**

We, Sturgis Economic Development Corporation, do hereby certify that we are the owners of the land shown and described hereon, and that we did authorize and do join in and approve the survey and plat. We further certify that the development of this land shall conform to all existing applicable zoning, subdivision, and erosion and sediment control regulations. Dedicated right-of-way as shown hereon is dedicated to public use.

IN WITNESS WHEREOF  
We hereunto set our hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Pat Kurtenbach, SEDC President

**ACKNOWLEDGEMENT OF OWNERS**

STATE OF SOUTH DAKOTA }  
COUNTY OF MEADE } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned officer, personally appeared Pat Kurtenbach, known to me to be the person who executed the foregoing Owners' Certificate and acknowledged to me that she executed the same for purposes therein contained.

IN WITNESS WHEREOF, I hereby set my hand and official seal.

Notary Public \_\_\_\_\_ my commission expires: \_\_\_\_\_

## Planning Commission City Council Report

October 17, 2016  
Christina Steele, Planning & Zoning Coordinator  
Plat – Sturgis Motorcycle Museum

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### **Background/History**

Re-plat to consolidate Lots 26-33 into one Lot named SMM, Block 6 of Fort Meade Addition, in the City of Sturgis (see location map). Zoning at this location is General Commercial. The purpose for the consolidation of these lots is to allow for future improvements of the Museum. Floodway concerns will need to be addressed prior to any building permits being issued. The plat meets all requirements without the need for a variance.

### **Recommendations**

Staff has reviewed the plat and found it meets all platting regulations. On October 4, 2016 the Planning Commission reviewed this plat. A motion was made to recommend approval. All Commissioners voted yes on the motion for approval.

### **Budget Impact**

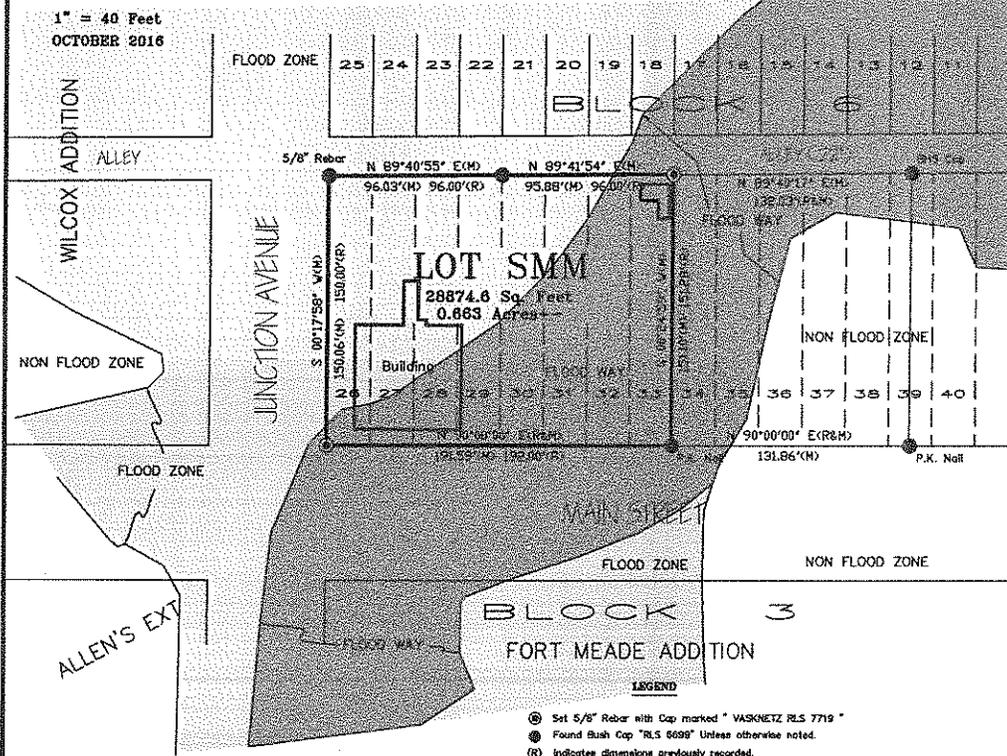
The plat has no direct impact on the budget at this time. Future improvements will have a positive effect with an increased property value and a higher potential for retail activity.





**Plat of  
Lot SMM in Block 6 of Fort Meade Addition  
Formerly Lots 26 thru 33 in Block 6 of Fort Meade Addition,  
Located in the NW1/4NW1/4, Section 10, T.5N., R.5E., B.H.M.  
City of Sturgis, Meade County, South Dakota.**

1" = 40 Feet  
OCTOBER 2016



- LEGEND**
- ⊙ Set 5/8" Rebar with Cap marked "VASKNETZ PLS 7719"
  - ⊙ Found Bush Cap "PLS 6699" Unless otherwise noted.
  - (R) Indicate dimensions previously recorded.
  - (M) Indicate measured dimensions this survey.

**COUNTY TREASURER'S CERTIFICATE**

I, Treasurer of Meade County, South Dakota, do hereby certify that all taxes which are liens upon the land described herein, as shown by the records of my office, are fully paid.

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

\_\_\_\_\_  
Meade County Treasurer

**STURGIS COMMON COUNCIL**

We, the undersigned, as authorized representatives of the Sturgis City Common Council, do hereby certify that at an official meeting held on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that We did Approve this Plat.

Attest: \_\_\_\_\_ Mayor;  
City Auditor

**PLANNING COMMISSION**

Approved by the City of Sturgis Planning Commission, Meade County, South Dakota.

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

Signed: \_\_\_\_\_ Chair  
Attest: \_\_\_\_\_ Secretary

**CERTIFICATE OF HIGHWAY OR STREET AUTHORITY**

The location of the proposed access to the Highway or Street as shown hereon is hereby approved. Any change in the location of the proposed access shall require additional approval.

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

\_\_\_\_\_  
Highway or Street Authority

**CERTIFICATE OF DIRECTOR OF EQUALIZATION**

I, Director of Equalization of Meade County, South Dakota, do hereby certify that I have on record in my office a copy of the within described plat.

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

\_\_\_\_\_  
Meade County Director of Equalization

**OFFICE OF REGISTER OF DEEDS**

Filed for record this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

and recorded in book of plate \_\_\_\_\_ on page \_\_\_\_\_  
at \_\_\_\_\_ o'clock \_\_\_\_\_ m. Fee: \_\_\_\_\_

\_\_\_\_\_  
Meade County Register of Deeds

**SURVEYOR'S NOTES**

- 1) Original Plat of Fort Meade Addition is recorded at the Meade County Register of Deeds Office. In Plat Book 2 Page 150.
- 2) Utility & Minor Drainage Easements:  
6' Wide on the interior side of all lot lines.
- 3) Building Restrictions: Per City Ordinance Requirements

**SURVEYOR'S CERTIFICATE**

I, Sharon E. Vasknetz, 1921 Lazelle Street, Sturgis, SD, being a Registered Land Surveyor in the State of South Dakota, do hereby state that at the request of the Owners listed hereon, I have surveyed and plotted the property shown and described hereon. I have marked upon the ground the boundaries in the manner shown, and that the plat is correct to the best of my knowledge, information and belief.

IN WITNESS WHEREOF  
I hereunto set my hand and seal

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

Sharon E. Vasknetz  
Registered Land Surveyor No. 7719

**OWNER'S CERTIFICATE**

We, The Sturgis Motorcycle Museum and Hall of Fame, Incorporated, do hereby certify that we are the Owners of the land shown and described hereon, and that we did authorize and do join in and approve the survey and plat. We further certify that the development of this land shall conform to all existing applicable zoning, subdivision, and erosion and sediment control regulations. Dedicated right-of-way as shown hereon is dedicated to public use.

IN WITNESS WHEREOF  
We hereunto set our hands this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Myrick Robbins, Executive Director      Dr. Craig Bailey, President of Board of Directors

**ACKNOWLEDGEMENT OF OWNERS**

STATE OF SOUTH DAKOTA }  
COUNTY OF \_\_\_\_\_ } SS

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned officer, personally appeared Myrick Robbins and Craig Bailey, known to me to be the persons who executed the foregoing Owners' Certificate and acknowledged to me that they executed the same for purposes therein contained.

IN WITNESS WHEREOF, I hereby set my hand and official seal.

\_\_\_\_\_  
Notary Public      my commission expires: \_\_\_\_\_



© Copyright © 2014 Esri

# Museum Location Map

September 29, 2016



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