

**City of Valley Springs
PO Box 118
Valley Springs, SD 57068**

**One Day
Malt & Full Liquor License
Application**

Applicant: _____

Applicant's Address: _____

Applicant's Phone: _____

Type of Event: _____

Date of Event: _____

Licensed Premises: (Name and Address of Location where alcohol will be served)

Applicant's Signature:

\$5.00 Application Fee - Pd Cash