

**ALCOHOL LUXURY TAX REQUEST FORM**

Applicant Name: \_\_\_\_\_

Name of Minor or Group Name \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Cell No. \_\_\_\_\_ Msg. No. \_\_\_\_\_

Have you been convicted or of a felony against any person? Yes \_\_\_ No \_\_\_ Explain \_\_\_\_\_

**PURPOSE OF REQUEST**

Describe Activity: \_\_\_\_\_

What date is your activity \_\_\_\_\_ Have you received luxury tax funds \_\_\_\_\_ What date \_\_\_\_\_

**Attach Documents (budget, letter, flyer, roster, copy of paid registration fee, invoice etc)**

What amount are you requesting? \_\_\_\_\_ What amount is your contribution? \_\_\_\_\_

Please provide proof of fundraising information or payment to your activity as your contribution

**PLEASE READ AND INITIAL**

I declare that I haven't been convicted of a crime against any person \_\_\_\_\_

I will have the youth attend a prevention class with FBHC, School, Coach, or Other Resource within three weeks and return verification form to Revenue \_\_\_\_\_

I agree to return receipts or funds within 15 days to Revenue \_\_\_\_\_ Failure to return receipts or funds will make me ineligible for future funding or lead to enforcement \_\_\_\_\_

I acknowledge that I am alcohol and drug free and I agree to participate as a speaker for public service announcements or other community activities along with my group \_\_\_\_\_

**I affirm that the above and attached information is true and correct**

\_\_\_\_\_  
Signature Date Print Name

Amount Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Use:

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