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HELP

SD EForm - 0876 V1

STATE OF SOUTH DAKOTA
DEPARTMENT OF REVENUE
REPORT OF ALCOHOL BEVERAGE VIOLATION
AND
NOTICE OF CONVICTION

Date of Conviction **City** **County**

Name of Person Convicted

Address **City** **Zip Code**

SDCL Section Violated

BUSINESS INFORMATION

Name of Business Where Violation Occurred **Date of Offense**

Address of Business Where Violation Occurred **City** **Zip Code**

Dated this _____ day of _____, 20_____

(Seal) _____
Signature of Clerk of Court or Authorized Representative

Please Mail along with a Certified Copy of the Judgment or Sentence To:
Department of Revenue
Special Tax Division
445 East Capitol Avenue
Pierre, SD 57501

PRINT FOR MAILING

CLEAR FORM