



Board of City Commissioners

The Board of City Commissioners is scheduled to meet on Tuesday, May 28, 2024, at 5:15 PM in the Tom Baker Meeting Room, City/County Office Building, 221 North Fifth Street, Bismarck, North Dakota.

The City of Bismarck encourages citizens to provide their comments for public hearing items on the Bismarck City Commission agenda via email to bismarckadmin@bismarcknd.gov. Please include the item number that your comment references. The comments will be sent to the members and placed with the minutes.

To ensure your comments are received before the meeting, please submit them by 3:30 PM on the day of the meeting and reference the item your comments address. If you would like to appear via video or audio link for a 3-5 minute comment on a regular agenda public hearing item, please provide your email address and contact information to the above email at least one business day before the meeting.

Live meeting coverage is available on Government Access Channels 2 & 602HD, Radio Access 102.5 FM Radio, or streaming on multiple platforms, including [FreeTV.org](https://www.freeTV.org) and [Facebook LIVE](https://www.facebook.com/bismarcknd). Agenda items can be found online at www.bismarcknd.gov/agendacenter.

The Invocation and the Pledge of Allegiance will be presented by a Chaplain from the Bismarck Police Department.

CALL TO ORDER

FUTURE COMMISSION MEETINGS

- June 11, 2024 & June 25, 2024
- July 9, 2024 & July 23, 2024
- August 13, 2024 & August 27, 2024

MISSION STATEMENT

To provide high-quality public services in partnership with our community to enhance our quality of life.

MEETING OF THE BOARD OF CITY COMMISSION

1. PUBLIC COMMENT

Restricted to items on the Consent Agenda and Regular Agenda, excluding public hearing items.

2. CONSENT AGENDA

A. Consider approval of minutes

Documents:

[May 14, 2024 - Minutes.pdf](#)

B. Consider approval of personnel actions

Documents:

[HR - Personnel Actions.pdf](#)

C. Consider approval of expenditures

D. Consider the request for approval from the Administration Department for the following:

1. Gaming Site Authorization Renewals.
2. Liquor License Renewals.

Documents:

[C\) ADMIN - Gaming Site Authorizations.pdf](#)
[C\) ADMIN - Liquor License Renewals.pdf](#)

E. Consider the request for approval from Bismarck Burleigh Public Health for the following:

1. Permission to apply for Bismarck Parks and Recreation District's Matching Grant funds.

Documents:

[C\) BBPH - Grant Funds Application.pdf](#)

F. Consider the request for approval from the Community Development Department for the following:

1. Permission to apply for a FY24 Section 5307 grant.
2. Receive information relating to a special meeting to amend section 14-04-19 of the City Code of Ordinances relating to the Flood Insurance Rate Map (FIRM) effective date and requirements for manufactured home parks, enclosures, and substantial improvements – Zoning Ordinance Text Amendment.

Documents:

- C) CD - Section 530 Grant Application.pdf
- C) CD - Zoning Ordinance Text Amendment.pdf

G. Consider the request for approval from the Engineering Department for the following:

1. Receive bids and award contract for Project HC 168.
2. Resolution approving the engineers' report, approving the plans and specifications, and directing the advertisement of bids and receiving bids for Sewer Improvement District SE 582.
3. Dedication and acceptance of an access easement in Silver Ranch Third Addition.

Documents:

- C) ENG - HC 168.pdf
- C) ENG - SE 582.pdf
- C) ENG - Silver Ranch Third Access Easement.pdf

H. Consider the request for approval from the Finance Department for the following:

1. Applications for Abatement.

Documents:

- C) FIN - Abatements.pdf

I. Consider the request for approval from the Human Resources Department for the following:

1. Receive, consider, and approve the updated Community Participation Plan.
2. Receive, consider, and approve the City of Bismarck Title VI Plan updated changes from the Federal Aviation Administration.

Documents:

- C) HR - Community Participation Plan.pdf
- C) HR - Title VI Plan Approval.pdf

J. Consider the request for approval from the Police Department:

1. Dispose of a bomb squad trailer that is obsolete and serves no

purpose for the City of Bismarck.

Documents:

[C\) PD - Dispose of Bomb Squad Trailer.pdf](#)

K. Consider the request for approval from the Public Works Service Operations Department for the following:

1. Permission to award the bid for design and construction administration services for the Fire Station 2 generator replacement project to Apex Engineering Group, Inc.
2. Permission from the Weeds Division to assist the Bismarck Parks and Recreation District, as a subrecipient, for two (2) noxious weeds management grant awards.
3. Permission to accept the Targeted Assistance Grant (TAG) Award from the North Dakota Department of Agriculture.
4. Permission for Fleet Services to sell Bismarck Parking Authority's 2012 Chevrolet Silverado 4x4 Pickup at public online auction.
5. Permission for the Solid Waste Division to sell/dispose of items at public online auction.
6. Permission for the Fleet Services Division to sell truck boxes at public auction.

Documents:

[C\) PW SO - Fire St 2 Generator Replacement Project.pdf](#)
[C\) PW SO - Grant Awards for Noxious Weeds Management.pdf](#)
[C\) PW SO - Noxious Weed Control Grant Award.pdf](#)
[C\) PW SO - Sale of Bismarck Parking Authority Pickup.pdf](#)
[C\) PW SO - Sale of Fleet Division Items at Public Auction.pdf](#)
[C\) PW SO - Sale of Solid Waste Items at Public Auction.pdf](#)

L. Consider the request for approval from the Public Works Utility Operations Department for the following:

1. Change Order No. 1 to BEK Consulting Inc. contract for the Hay Creek Interceptor Project (SU90), Century Ave to Calgary Ave.

Documents:

[C\) PW UO - Change Order No. 1 to BEK Consulting.pdf](#)

3. REGULAR AGENDA

A. Public hearing on a request for a new Class C-2: Hotel or Motel Alcohol license for Merlin Hotel Group, LLC. dba Days Inn Bismarck, ND at 1300 E Capitol Ave.

Documents:

R) ADMIN - Days Inn Application.pdf

- B. Public hearing on a request for a new Class E - Sale at Retail of Beer Only Liquor License for Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway at 3801 East Rosser Avenue.

Documents:

R) ADMIN - Tri-Energy Cenex Application.pdf

- C. Public hearing on a request for a new Class I-2: Complementary Alcohol license for Rainbow Nails & Spa, LLC. at 722 South 26th Street, Units A & B.

Documents:

R) ADMIN - Rainbow Nails and Spa Application.pdf

- D. Consider request to receive update on half cent sales tax and assign Tyler Parkway Extension as the next half-cent sales tax funded project and begin preliminary engineering.

Documents:

R) ENG - Tyler Parkway Half Cent Sales Tax.pdf

- E. Consider the request to receive an update regarding the Bismarck Event Center.

Documents:

R) BEC - Bismarck Event Center Update.pdf

- F. Consider the request by Executive Air Taxi Corporation (EATC) to amend its Development Agreement Hangar size from 260' x 120' to 280' x 120'.

Documents:

R) AIR - Executive Air Taxi Corporation Request.pdf

- G. Consider the request to enter into executive session under NDCC 44-04-19.2 to receive attorney consultation regarding an imminent lawsuit.**

Documents:

R) AIR - Executive Session for Attorney Consultation.pdf

4. OTHER BUSINESS

ADJOURN

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MEETING OF THE BOARD OF CITY COMMISSIONERS

5/14/2024 - Minutes

CALL TO ORDER

The Board of City Commissioners met on May 14, 2024, at 5:15 PM in the Tom Baker Meeting Room, City/County Office Building, 221 North Fifth Street, Bismarck, North Dakota. Commissioner Cleary, Commissioner Connelly, Commissioner Marquardt, Commissioner Zenker, and Mayor Schmitz were present.

FUTURE COMMISSION MEETINGS

- May 28, 2024
- June 11, 2024 & June 25, 2024
- July 9, 2024 & July 23, 2024

MISSION STATEMENT

To provide high-quality public services in partnership with our community to enhance our quality of life.

MEETING OF THE BOARD OF CITY COMMISSION

1. PLEDGE OF ALLEGIANCE LED BY BOY SCOUT TROOP 1089
2. PROCLAMATIONS

- Bike Month: <https://bismarcknd.gov/Archive.aspx?ADID=3205>
- Maternal Mental Health Awareness Month: <https://bismarcknd.gov/Archive.aspx?ADID=3206>
- National Public Works Week: <https://bismarcknd.gov/Archive.aspx?ADID=3207>

3. PUBLIC COMMENT

No Public Comment was received.

4. CONSENT AGENDA

Commissioner Marquardt motioned to approve the Consent Agenda as presented and Commissioner Cleary seconded. Upon a roll call vote, all voted aye. M/C.

- A. Consider approval of minutes

B. Consider approval of personnel actions

C. Consider approval of expenditures

Vouchers: 1117509 to 1117883.

D. Consider the request for approval from the Administration Department for the following:

1. Gaming Site Authorization Renewals.
2. Liquor License Renewals.
3. Blue Bowtie Properties, LLC Letter of Support
4. Krumm & Co., PLLC Letter of Support
5. Mustard Seed, LLC Letter of Support
6. Introduction of and call for a public hearing on a request for a new Class C-2: Hotel or Motel Alcohol license for Merlin Hotel Group, LLC. (dba) Days Inn Bismarck, ND at 1300 E Capitol Ave.
7. Introduction of and call for a public hearing on a request for a new Class E - Sale at Retail of Beer Only Liquor License for Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway at 3801 East Rosser Avenue.
8. Introduction of and call for a public hearing on a request for a new Class I-2: Complementary Alcohol license for Rainbow Nails & Spa, LLC at 722 South 26th Street, Units A & B.

E. Consider the request for approval from the Bismarck Airport for the following:

1. Change Order 4 to Edling Electric April 12, 2023, Agreement for GA Apron Phase 4 Project.

F. Consider the request for approval from the Community Development Department for the following:

1. Minor subdivision final plat titled Apple Creek Country Club Fourth Subdivision where the Planning and Zoning Commission recommends approval.
2. Ordinance 6577 to amend Section 14-04-19 of the City Code of Ordinances (FP – Floodplain).
3. Proposed street name change of “Gallatin Loop” to “Gallatin Drive” within Fox Island Subdivision and Fox Island Second Subdivision.

G. Consider the request for approval from the Engineering Department for the following:

1. Consider the request for US Foods to close Saratoga Avenue next to their building on Saturday, May 18, 2024, from 8 AM to 3 PM.
2. Consider the request for the Church of St Mary's to close 8th St from Broadway Avenue to Thayer Avenue on Saturday, June 1, 2024, at 5:30 PM until Sunday, June 2, 2024, at 5:00 PM.
3. Development Agreement with Grendahl Design Company, LLC.
4. Cost share reimbursement agreement with the State Water Commission relating to the South Bismarck Flood Control Project and Amendment 2 with Apex Engineering Group, Inc. relating to the South Bismarck Flood Control Project.

H. Consider the request for approval from the Finance Department for the following:

1. Applications for Abatement.

- I. Consider the request for approval from the Fire Department for the following:
 - 1. Increase to the design fee due to an increase in total project cost as well as a time extension to the contract for the Fire Station 1 Remodel.

- J. Consider the request for approval from the Human Resources Department for the following:
 - 1. Revised Drug Free Workplace and Substance Abuse Screening Program.

- K. Consider the request for approval from the Public Works Service Operations Department for the following:
 - 1. Permission to sell city vehicles and worn out broom cores at public or online auction.

- L. Consider the request for approval from the Public Works Utility Operations Department for the following:
 - 1. Amendment No. 2 to HDR Engineering WTP Expansion Contract.
 - 2. Change Order No. 3 to Edling Electric's Contract for Water Treatment Plant Filters 1-6 & 12 MGD Accelerator Project.
 - 3. Agreement for Cost-Share Reimbursement with the North Dakota State Water Commission for the Watermain Replacement Project (HC158).
 - 4. Agreement for Cost-Share Reimbursement with the North Dakota State Water Commission for the 2024 Water Main Replacement Project (WU143).
 - 5. Agreement for Cost-Share Reimbursement with the North Dakota State Water Commission for the 2024 CIPP Water Main Rehabilitation Project (WU144).
 - 6. Reject bids for Stormwater Improvement Project SU92 and rebid Boulder Ridge Stormwater Improvements.

5. REGULAR AGENDA

- A. Consider the recommendation from the Vision Fund Committee to support a Flex PACE program interest buy-down for Great Plains Restorative Services, LLC.

Mayor Schmitz recused himself from Item 5.A. due to a conflict of interest.

Nathan Schneider, Vice President of Economic Development for Bismarck Mandan Chamber EDC, presented the recommendation from the Vision Fund Committee to award the PACE program interest buy-down to Great Plains Restorative Services, LLC.

Commissioner Zenker motioned to approve the item as presented and Commissioner Connelly seconded. Upon a roll call vote, Commissioners Connelly, Cleary, Marquardt, and Zenker voted aye. Mayor Schmitz abstained from voting. M/C.

- B. Public hearing on Ordinance 6576 regarding equipment of vehicles.

Mayor Schmitz opened the public hearing. No public comment was received.

Commissioner Zenker motioned to approve the item as presented and Commissioner Cleary seconded. Upon a roll call vote, all voted aye. M/C

- C. Receive a presentation about the City of Bismarck's refaced website.

Kalen Ost, Communications Strategist, presented a presentation about the City of Bismarck's refaced website.

The Commission received the presentation.

- D. Receive a presentation about current recruitment and retention issues the Police Department is facing.

Dave Draovitch, Police Chief, presented information relating to recruitment and retention issues the Police Department is facing.

Mayor Schmitz and Commissioner Cleary discussed the staffing difficulties across the organization that are ongoing.

The general consensus of the Commission was to support the needs of the Police Department and find ways to ensure public safety.

<https://www.bismarcknd.gov/DocumentCenter/View/46829/Item-5D---May-14-2024-PDF>

- E. Consider approval of a Memorandum of Understanding with Bismarck Parks and Recreation District and Bismarck North Developers, LLC., regarding Elk Ridge Third Addition.

Gabe Schell, City Engineer, presented information regarding the Memorandum of Understanding regarding Elk Ridge Third Addition.

Commissioner Zenker motioned to approve the item as presented, and Commissioner Cleary seconded. Upon a roll call vote, all voted aye. M/C.

- F. Consider the request for approval to negotiate a joint powers agreement with other western North Dakota water systems to seek funding and construction of a regional pH stabilizer storage facility.

Michelle Klose, Public Works Utility Operations Director provided information regarding the need for a pH stabilizer storage facility and requested permission to negotiate a joint powers agreement with other western North Dakota water systems.

Commissioner Zenker motioned to approve the item as presented, and Commissioner Marquardt seconded. Upon a roll call vote, all voted aye. M/C.

<https://www.bismarcknd.gov/DocumentCenter/View/46830/Item-5F---May-14-2024-PDF>

- G. Consider the request for approval of adoption of local limits specific to the Bismarck Wastewater Treatment Plant.

Michelle Klose, Public Works Utility Operations Director provided information regarding the adoption of local limits for the Bismarck Wastewater Treatment Plant.

Commissioner Zenker motioned to approve the item as presented, and Commissioner Cleary seconded. Upon a roll call vote, all voted aye. M/C.

<https://www.bismarcknd.gov/DocumentCenter/View/46831/Item-5G---May-14-2024-PDF>

- H. Receive update on proposed projects to be included in the Water Development Plan for the ND Department of Water Resource upcoming legislative budget.

Michelle Klose, Public Works Utility Operations Director provided an update on the proposed projects to be included in the Water Development Plan for the ND Department of Water Resource legislative budget.

Commissioner Zenker motioned to approve the item as presented, and Commissioner Marquardt seconded. Upon a roll call vote, all voted aye. M/C.

<https://www.bismarcknd.gov/DocumentCenter/View/46832/Item-5H---May-14-2024-PDF>

6. OTHER BUSINESS

- Commissioner Connelly presented a report with his thoughts regarding the Bureau of Criminal Investigation's (BCI) report on Charlie Jeske. Mayor Schmitz provided clarification on Commissioner Connelly's statement regarding the Chief Ethics Officer. Part of the role of the City Attorney is to act as the Chief Ethics Officer according to the Bismarck Code of Ordinances and the North Dakota Century Code. Attorney Combs spoke regarding her role as the Chief Ethics Officer, how her actions were performed ethically, and how she will continue to represent the City ethically and professionally. Commissioner Marquardt commented on his concerns with the timeliness of when information was presented to the Commission. Mayor Schmitz commented that the threshold for criminal offenses should be much higher than that for employment offenses and that the situations should be handled differently. Mayor Schmitz referenced the information provided in the report from the Fact Finding Subcommittee which provided evidence on grounds for employment termination. Mayor Schmitz noted that the community needs to move on and be able to heal after months of turmoil. Commissioner Cleary commented that she supports the work and the report resulting from the Fact Finding Subcommittee. Commissioner Cleary stated that she believes that the threshold for employment termination and criminal prosecution are on different levels and that the Commission needs to take that into consideration. No action was taken by the Commission after the discussion.
- Commissioner Cleary thanked the Solid Waste staff for helping with the Keeping Bismarck Beautiful event, on Saturday, May 4, 2024.

ADJOURN

There being no further business to discuss, the meeting adjourned at 7:11 PM.

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PERSONNEL ACTIONS FOR THE MEETING ON May 28, 2024

Full-Time and Part-Time Appointments

Wiles, Doug Asst. City Administrator	Administration	Probationary Appointment @\$64.90/hr. 5/12/24
Baerlocher, Norah Engineering Intern	Engineering	PT Appointment @\$16.00/hr. 5/13/24
Boehm, Shandel Event Center Officer I	Event Center	PT Appointment @\$14.00/hr. 5/17/24
Hetle, Alexis Event Safety Officer I	Event Center	PT Appointment @\$14.00/hr. 5/13/24
Kautzman, Quincy IT Intern	Finance-IT	PT Appointment @\$17.00/hr. 5/13/24
Anhalt, Steven Firefighter	Fire	Probationary Appointment @\$28.47/hr. 5/13/24
Ellerkamp, Isaac Firefighter	Fire	Probationary Appointment @\$28.47/hr. 5/13/24
Johnson, Simon Firefighter	Fire	Probationary Appointment @\$28.47/hr. 5/13/24
Schaffer, Brandon Firefighter	Fire	Probationary Appointment @\$28.47/hr. 5/13/24
Schwartzbauer, Michael Firefighter	Fire	Probationary Appointment @\$28.47/hr. 5/13/24
Sheets, Nathan Firefighter	Fire	Probationary Appointment @\$28.47/hr. 5/13/24
Veil, Landon Firefighter	Fire	Probationary Appointment @\$28.47/hr. 5/14/24
Becker, Michael Police Officer	Police	Probationary Appointment @\$28.47/hr. 5/13/24
Krantz, Jonathan Mosquito Control Tech	Public Health	PT Appointment @\$16.50/hr. 5/28/24
Lee, Tessa Public Health Intern-SAP	Public Health	PT Appointment @\$20.00/hr. 5/20/24

Ames-Davis, Christy Acting City Forester	PW-Services	Probationary Appointment \$36.44/hr. 5/12/24
Feist, Gerard Forestry Tech	PW-Services	PT Appointment @\$16.25/hr. 5/13/24
Neigum, Gary Forestry Tech	PW-Services	PT Appointment @\$16.75/hr. 5/12/24
Koth-Grabar, Julie Customer Service Rep II	PW-Utilities	Probationary Appointment @\$22.49/hr. 5/20/24
Vander Hoek, Livia PT Maintenance	PW-Utilities	PT Appointment @\$17.00/hr. 5/29/24
Walker, Cassie PT Maintenance	PW-Utilities	PT Appointment @\$17.00/hr. 5/28/24

Separations

Liang, Fu-Chi Intern	Airport	Resigned 5/7/24
Mees, Tyler Police Officer	Police	Resigned 5/17/24
Humann, Hunter Traffic Signal Tech	PW-Services	Resigned 5/17/24
Timm, Todd Equipment Operator II	PW-Services	Retired 5/1/24

Others

Benske, Cory Community Service Officer	Police	Leave Without Pay 5/11/24
Bosch, Casey Police Sergeant	Police	Promotion-Salary Increase @\$36.44/hr. 5/12/24
Dollinger, Sydney Records Technician	Police	Leave Without Pay 5/11/24
Fredrickson, Chanc Police Officer	Police	Leave Without Pay 5/4/24



Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Gaming site authorization renewals.

REQUEST: Consider the request to approve the following applications for gaming:

- Amvets Post No. 9
 - Amvets Post No. 9 - 2402 Railroad Avenue
- Fort Abraham Lincoln Foundation
 - BDH3 - Bismarck, LLC (dba) EverSpring Suites - 180 East Bismarck Expressway
 - Laughing Sun Brewing Company, LLC (dba) Laughing Sun Brewing - 1023 East Front Avenue
 - The Craftcade, LLC (dba) The Craftcade - 405 North 4th Street
 - Sixteen03 Main Events, LLC (dba) Sixteen03 Main Events - 1603 East Main Avenue
 - The Mob Menu, LLC (dba) Jimmy V's - 512 East Main Avenue
- Loyd Spetz Post No 1, The American Legion, Department Of North Dakota
 - On the Run - 2205 Tyler Parkway
- Matpac Wrestling Club, Inc.
 - TBM Group, LLC (dba) Lucky's Bar and Lounge - 2176 East Thayer Avenue
 - TBM Group, LLC (dba) Main Bar and Package Store - 804 East Main Avenue
 - O'Brian's, Inc. (dba) O'Brian's - 1059 East Interstate Avenue
 - Sidelines, Inc. (dba) Sidelines - 300 South 5th Street
 - Sports Page, Inc. (dba) Sports Page - 1120 Tacoma Avenue
-

BACKGROUND INFORMATION:

Gaming site authorizations expire on June 30th of each year. The Bismarck Administration Department administers the annual gaming site authorizations and renewals.

RECOMMENDED CITY COMMISSION ACTION:

Consider approving the gaming applications.

STAFF CONTACT INFORMATION:

Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. Amvets Post No. 9
2. Fort Abraham Lincoln Foundation
3. Loyd Spetz American Legion Post 1
4. Matpac Wrestling Club Inc.



**STATE GAMING LICENSE -
REAPPLICATION FORM**
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 53838 (7-2023)

License Number G- 0156
License Year Ending June 30, 2024

1. Official, Legal Name of Organization (Do Not Abbreviate) Amvets Post #9		Business Telephone Number 701-258-8324	
Business Address (Street) 2402 Railroad Avenue	City Bismarck	State N.Dak.	ZIP Code 58501
Mailing Address Same as Above	City	State	ZIP Code
Address Where Gaming Accounting Records Are Kept 2402 Railroad Avenue	City Bismarck	State N.Dak.	ZIP Code 58501
E-mail Address l.black61@yahoo.com	Contact Person Lorraine M. Black	Official Position of Contact Person Gaming Manager	
2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Provide Organization's Federal Employer Identification Number (EIN) 45-0373188	
4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.) Dick Dever (Commander)		Daytime Telephone Number 701-391-6330	
5. Name of Gaming Manager Lorraine M. Black		Daytime Telephone Number 701-258-8324	
6. Signature of Gaming Manager Lorraine M. Black		Date 5/15/24	
7. List the Full Governing Board of the Organization (The Governing Board is primarily responsible and may be held accountable for the proper determination and use of net proceeds)			
Name Dick Dever	Telephone Number 701-391-6330	Name Joe Bachmeier (Finance)	Telephone Number 701-391-9267 701-226-1624
Name Phil Miller (1st Vice)	Telephone Number 701-595-3132	Name Bob Olyneski (Adjutant)	Telephone Number 701-226-1624
Name Nikki Frohlich (2nd Vice)	Telephone Number 701-214-8128	Name	Telephone Number
Name Ashley Cermar (3rd Vice)	Telephone Number 701-400-8073	Name	Telephone Number
Name Scott Lungemo (Provost)	Telephone Number 701-400-8400	Name	Telephone Number
Name John Adolf (Judge Adv.)	Telephone Number 701-425-6812	Name	Telephone Number
8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent			

AFFIDAVIT

The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank and accounting records.	Signature of Top Executive Official 	Date 5.14.2024
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CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

Organization Name <i>Amvets Post #9</i>		
Mailing Address <i>2402 Railroad Avenue</i>		
City <i>Bismarck</i>	State <i>N.Dak.</i>	ZIP Code <i>58501</i>
Business Phone <i>701-258-8324</i>	Cell Phone <i>701-426-4124</i>	

License No. G- 0156

Name of Gaming Manager <i>Lorraine M. Black</i>	Date of Hire <i>3/1/2016</i>
NOTE: Volunteer Gaming Managers are required to have a record check completed.	Record Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date of Birth <i>3/27/55</i>

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	<i>Tannie Anderson</i>	<i>Dealer/Cashier</i>	<i>12/14/20</i>	<i>10/20/58</i>	<input type="checkbox"/>
2.	<i>Dawn Doll</i>	<i>Shift Mgr/Dealer</i>	<i>11/29/90</i>	<i>3/15/61</i>	<input type="checkbox"/>
3.	<i>Kevin Bailly</i>	<i>Dealer/Cashier</i>	<i>5/4/22</i>	<i>4/23/70</i>	<input type="checkbox"/>
4.	<i>Donna Miller</i>	<i>Dealer/cashier/count</i>	<i>5/21/15</i>	<i>11/13/50</i>	<input type="checkbox"/>
5.	<i>Charlie Price</i>	<i>Cash Count</i>	<i>8/27/21</i>	<i>11/27/54</i>	<input type="checkbox"/>
6.	<i>Lois Smith</i>	<i>Dealer/Cashier</i>	<i>4/28/11</i>	<i>10/31/64</i>	<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>
10.					<input type="checkbox"/>
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19.					<input type="checkbox"/>
20.					<input type="checkbox"/>
21.					<input type="checkbox"/>
22.					<input type="checkbox"/>
23.					<input type="checkbox"/>
24.					<input type="checkbox"/>

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

ACKNOWLEDGEMENT BY LOCAL LAW ENFORCEMENT OFFICIAL

I hereby acknowledge that I have been informed that Armets Post #9
(full legal name of eligible organization)
will be conducting games of chance at the following locations:

	<u>SITE</u>	<u>ADDRESS</u>
1.	<u>Armets Post #9</u>	<u>2402 Railroad Avenue</u> <u>Bismarck, ND Dak 58501</u>
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

_____ Date
_____ City Chief of Police or County Sheriff

CONSENT BY ELIGIBLE ORGANIZATION

Armets Post #9
(Full legal name of eligible organization) does hereby consent that local law

enforcement officers or the Attorney General and his agents may, at any time games of chance are being conducted, enter upon the site to observe the playing of games of chance and to enforce the law for any unauthorized game or practice.

X 5.14.2009 Date
X [Signature] Chief Executive (i.e., Cmdr., Pres., etc.)

AUTHORIZATION TO INSPECT BANK RECORDS

Armets Post #9
Full legal name of eligible organization does hereby give authorization to

the Attorney General and his agents to inspect bank records whenever necessary to fulfill requirements of current gaming rules and laws.

X 5.14.2009 Date
X [Signature] Chief Executive (i.e., Cmdr., Pres., etc.)



GAMING ORGANIZATION E-MAIL CONTACT
 NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
 GAMING DIVISION
 SFN 54481 (02-2024)

License No. G- 0156

This form should be to used update, add, or change information regarding a licensed gaming organizations point of contacts.

<input type="checkbox"/> New Contact	<input type="checkbox"/> Replacing Previous Contact	<input type="checkbox"/> Additional Contact
Official, Legal Name of Gaming Organization 0 Amvets Post #9		
Name of the Contact Person 0 Lorraine M. Black		Title of Contact Person 0 Gaming Manager
Contact Person's E-mail 0 l.black61@yahoo.com		Contact Person's Daytime Telephone Number 0 701-258-8324

By signing and submitting this form, the contact person agrees to receive information from the Office of Attorney General at the above e-mail address

Signature of Contact Person Lorraine M. Black	Date 0 5/1/24
<p>RETURN TO: Email: agolicensing@nd.gov Fax: (701) 328-3535 OFFICE OF ATTORNEY GENERAL LICENSING SECTION 600 EAST BOULEVARD AVENUE - DEPT 125 BISMARCK ND 58505-0040</p> <p>Questions Regarding Licensing (701) 328-2329</p>	

AMVETS POST 39
GAMING INTERNAL CONTROL MANUAL
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GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization

Amvets Post No. 9

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location

Amvets Post No. 9

Street 2402 Railroad Avenue	City Bismarck	ZIP Code 58501	County Burleigh
---------------------------------------	-------------------------	--------------------------	---------------------------

Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 1
---	---	---

Specific location where games of chance will be conducted and played at the site (required)
The NW corner of main bar area / central South wall of main bar, south wall across from main bar, north wall of main bar, NW wall of back bar.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

<input checked="" type="checkbox"/> Bingo	<input checked="" type="checkbox"/> Club Special	<input checked="" type="checkbox"/> Sports Pools
<input type="checkbox"/> ELECTRONIC Quick Shot Bingo	<input checked="" type="checkbox"/> Tip Board	<input checked="" type="checkbox"/> Twenty-One
<input checked="" type="checkbox"/> Raffles	<input checked="" type="checkbox"/> Seal Board	<input type="checkbox"/> Poker
<input type="checkbox"/> ELECTRONIC 50/50 Raffle	<input type="checkbox"/> Punchboard	<input type="checkbox"/> Calcuttas
<input checked="" type="checkbox"/> Pull Tab Jar	<input checked="" type="checkbox"/> Prize Board	<input type="checkbox"/> Paddlewheel with Tickets
<input checked="" type="checkbox"/> Pull Tab Dispensing Device	<input type="checkbox"/> Prize Board Dispensing Device	<input type="checkbox"/> Paddlewheel Table
<input checked="" type="checkbox"/> ELECTRONIC Pull Tab Device		

Days of week of gaming operations (if restricted) _____ Hours of gaming (if restricted) _____

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above

Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

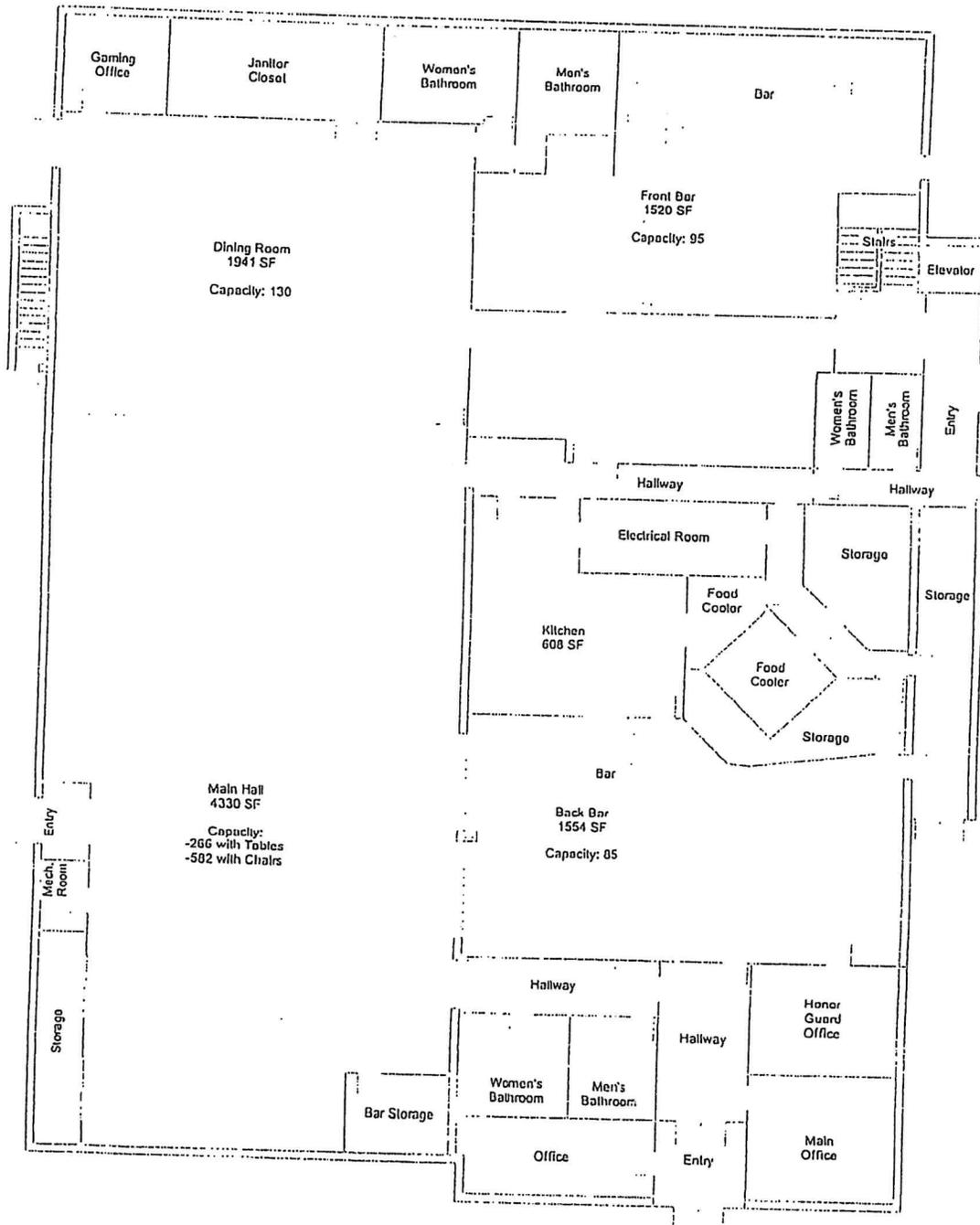
Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240

Bismarck AMVETS Post #9

2402 Railroad Ave
Bismarck, ND 58501
Main Floor Layout

LEGEND

- Gaming Counter
- Pull Tab Machine
- Electronic Pull Tab Machine
- Bar Cooler





**STATE GAMING LICENSE -
REAPPLICATION FORM**
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 53838 (7-2023)

License Number G-
License Year Ending June 30, _____

1. Official, Legal Name of Organization (Do Not Abbreviate) Fort Abraham Lincoln Foundation		Business Telephone Number 701-663-4758	
Business Address (Street) 400 E. Broadway #417	City Bismarck	State ND	ZIP Code 58501
Mailing Address 400 E. Broadway #417	City Bismarck	State ND	ZIP Code 58501
Address Where Gaming Accounting Records Are Kept 400 E. Broadway #417	City Bismarck	State ND	ZIP Code 58501
E-mail Address kin@fortlincoln.org	Contact Person Kimberly Sanderson	Official Position of Contact Person Manager	
2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Provide Organization's Federal Employer Identification Number (EIN) 45-0372813	
4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.) Aaron Barth		Daytime Telephone Number 701-663-4758	
5. Name of Gaming Manager Kimberly Sanderson		Daytime Telephone Number 701-226-9552	
6. Signature of Gaming Manager <i>Kimberly Sanderson</i>		Date	
7. List the Full Governing Board of the Organization (The Governing Board is primarily responsible and may be held accountable for the proper determination and use of net proceeds)			
Name Jason Matthews	Telephone Number 701-471-0311	Name Keith Elmer	Telephone Number 701-202-9008
Name Katie Fitzsimmons	Telephone Number 503-853-5063	Name Brent Kleinjan	Telephone Number 701-221-2387
Name Chad Anderson	Telephone Number 701-400-5566	Name Chris Dopson	Telephone Number 701-426-7876
Name Mandy Geiger	Telephone Number 701-527-5677	Name Dawn Kopp	Telephone Number 701-226-6818
Name LuAnn Poitra	Telephone Number 701-221-1387	Name Jason Schmidt	Telephone Number 701-226-2282
Name Justin Weichel	Telephone Number 701-527-1783	Name Aaron Barth	Telephone Number 701-425-7342
8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted? <input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent			

AFFIDAVIT

The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank and accounting records.	Signature of Top Executive Official <i>Aaron L Barth</i>	Date 5/14/2024
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GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
BDH3 - Bismarck, LLC dba EverSpring Suites

Street 180 E Bismarck Expy	City Bismarck	ZIP Code 58504	County Burleigh
--------------------------------------	-------------------------	--------------------------	---------------------------

Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 1
---	---	---

Specific location where games of chance will be conducted and played at the site (required)
The whole bar area except the restrooms.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Club Special | <input type="checkbox"/> Sports Pools |
| <input type="checkbox"/> ELECTRONIC Quick Shot Bingo | <input type="checkbox"/> Tip Board | <input checked="" type="checkbox"/> Twenty-One |
| <input type="checkbox"/> Raffles | <input type="checkbox"/> Seal Board | <input type="checkbox"/> Poker |
| <input type="checkbox"/> ELECTRONIC 50/50 Raffle | <input type="checkbox"/> Punchboard | <input type="checkbox"/> Calcuttas |
| <input type="checkbox"/> Pull Tab Jar | <input type="checkbox"/> Prize Board | <input type="checkbox"/> Paddlewheel with Tickets |
| <input type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table |
| <input checked="" type="checkbox"/> ELECTRONIC Pull Tab Device | | |

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) Bdh3-Bismarck LLC		Site Name EverSpring Lounge		Site Phone Number (701) 222-3311
Site Address 180 E. Expressway		City Bismarck	State ND	Zip Code 58504
Organization Fort Abraham Lincoln Foundation		Rental Period July 1, 2024 to June 30, 2025		County Burleigh
1. Is Bingo going to be conducted at the site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
2. Is Twenty-One conducted at this site?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$
Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____				
Number of Tables with wagers over \$5 1 X Rent per Table \$ 300				\$ 300
3. Is Paddlewheels conducted at this site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
Number of Tables _____ X Rent per Table \$ _____				
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
Please Check: <input type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device				
5. Are Electronic Pull-Tabs conducted at this site?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$
If "Yes" please indicate the number of devices <u>3</u>				525
Total Monthly Rent				\$ 825

6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here.

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance. The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization may not participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor 	Title Gerald Hanger	Date 3/28/24
Signature of Lessee 	Title Executive Director	Date 01/23/2024

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
 - a. If bingo is the primary game, the monthly rent must be reasonable
 - b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
 - a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
 - b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
 - c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
 - a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
 - b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
 - c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

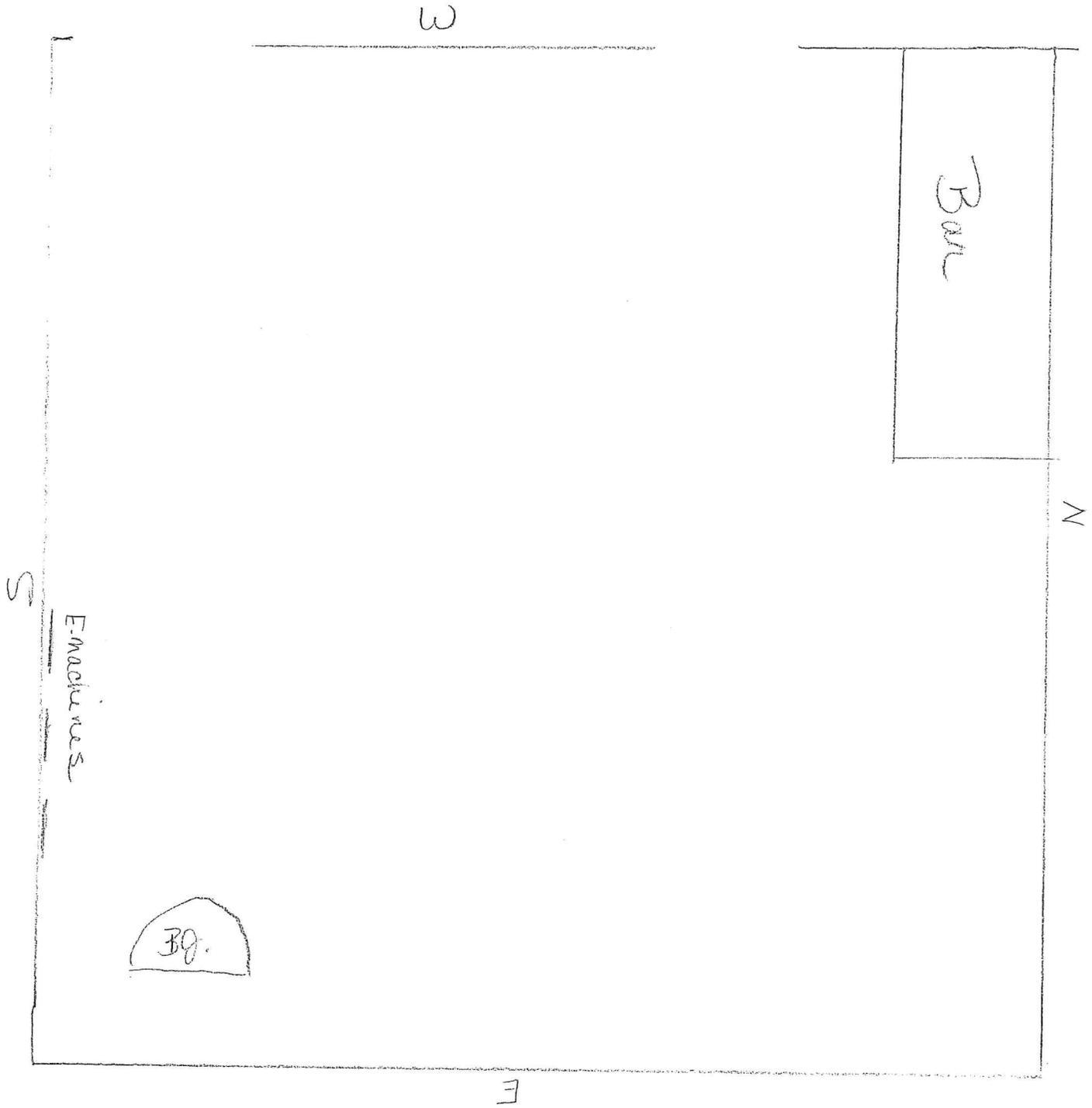
Special considerations are:

 - (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and
 - (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
 - d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.
- *4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirements)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

Expressway Lounge





GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
Laughing Sun Brewing Company, LLC dba Laughing Sun Brewing

Street 1023 East Front Avenue	City Bismarck	ZIP Code 58504	County Burleigh
---	-------------------------	--------------------------	---------------------------

Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 0
---	---	---

Specific location where games of chance will be conducted and played at the site (required)
The whole bar area except the restrooms.

If conducting Raffle or Poker activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

- | | | |
|--|--|---|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Club Special | <input type="checkbox"/> Sports Pools |
| <input type="checkbox"/> ELECTRONIC Quick Shot Bingo | <input type="checkbox"/> Tip Board | <input type="checkbox"/> Twenty-One |
| <input type="checkbox"/> Raffles | <input type="checkbox"/> Seal Board | <input type="checkbox"/> Poker |
| <input type="checkbox"/> ELECTRONIC 50/50 Raffle | <input type="checkbox"/> Punchboard | <input type="checkbox"/> Calcuttas |
| <input type="checkbox"/> Pull Tab Jar | <input type="checkbox"/> Prize Board | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table |
| <input type="checkbox"/> ELECTRONIC Pull Tab Device | | |

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above

Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) Laughing Sun Brewing		Site Name Laughing Sun Brewing		Site Phone Number (701) 751-3881	
Site Address 1023 East Front Avenue		City Bismarck	State ND	Zip Code 58504	County Burleigh
Organization Fort Abraham Lincoln Foundation		Rental Period July 1, 2024 to June 30, 2025			Monthly Rent Amount
1. Is Bingo going to be conducted at the site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input type="checkbox"/> No <input type="checkbox"/> Yes		\$ 	
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 <u>0</u> X Rent per Table \$ <u>N/A</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$ 	
Number of Tables with wagers over \$5 <u>0</u> X Rent per Table \$ <u>N/A</u>				\$ 	
3. Is Paddlewheels conducted at this site? Number of Tables <u>0</u> X Rent per Table \$ <u>N/A</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$ 	
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$ 400	
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices <u>0</u>		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$ 	
Total Monthly Rent				\$ 400	
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>					

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance.

The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization may not participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor 	Title Owner	Date 2.26.24
Signature of Lessee 	Title Executive Director	Date 01/23/2024

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
 - a. If bingo is the primary game, the monthly rent must be reasonable
 - b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
 - a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
 - b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
 - c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
 - a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
 - b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
 - c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

Special considerations are:

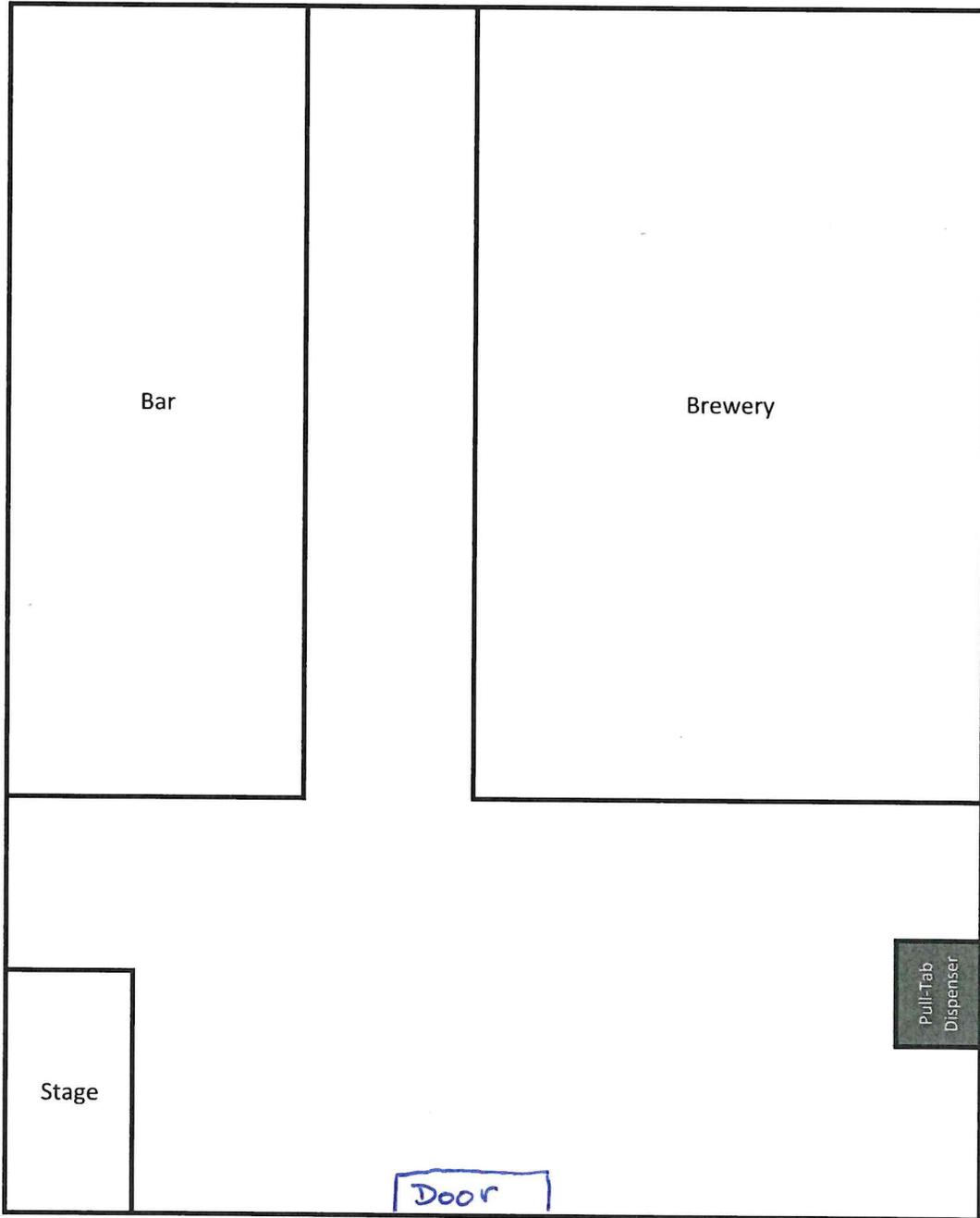
 - (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and
 - (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
 - d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.

*4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirments)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

Laughing Sun Brewery Gaming Floor Plan





GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
The CraftCade, LLC dba The CraftCade

Street 405 North 4th Street	City Bismarck	ZIP Code 58504	County Burleigh
---------------------------------------	-------------------------	--------------------------	---------------------------

Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 1
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Specific location where games of chance will be conducted and played at the site (required)
The whole bar area except the restrooms.

If conducting Raffle or Poker activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

<input type="checkbox"/> Bingo	<input type="checkbox"/> Club Special	<input type="checkbox"/> Sports Pools
<input type="checkbox"/> ELECTRONIC Quick Shot Bingo	<input type="checkbox"/> Tip Board	<input checked="" type="checkbox"/> Twenty-One
<input type="checkbox"/> Raffles	<input type="checkbox"/> Seal Board	<input type="checkbox"/> Poker
<input type="checkbox"/> ELECTRONIC 50/50 Raffle	<input type="checkbox"/> Punchboard	<input type="checkbox"/> Calcuttas
<input type="checkbox"/> Pull Tab Jar	<input type="checkbox"/> Prize Board	<input type="checkbox"/> Paddlewheel with Tickets
<input checked="" type="checkbox"/> Pull Tab Dispensing Device	<input type="checkbox"/> Prize Board Dispensing Device	<input type="checkbox"/> Paddlewheel Table
<input type="checkbox"/> ELECTRONIC Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) CraftCade llc		Site Name The CraftCade		Site Phone Number (701) 450-1414	
Site Address 405 N. 4th Street		City Bismarck	State ND	Zip Code 58504	County Burleigh
Organization Fort Abraham Lincoln Foundation		Rental Period July 1, 2024 to June 30, 2025		Monthly Rent Amount	
1. Is Bingo going to be conducted at the site?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.			<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$ <u>Ø</u>
2. Is Twenty-One conducted at this site?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$ <u>Ø</u>
Number of Tables with wagers up to \$5 <u>0</u> X Rent per Table \$ <u>N/A</u>					
Number of Tables with wagers over \$5 <u>1</u> X Rent per Table \$ <u>300</u>					\$ <u>300</u>
3. Is Paddlewheels conducted at this site?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$ <u>Ø</u>
Number of Tables <u>0</u> X Rent per Table \$ <u>N/A</u>					
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?			<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ <u>400</u>
Please Check: <input type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device					
5. Are Electronic Pull-Tabs conducted at this site?			<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$ <u>Ø</u>
If "Yes" please indicate the number of devices <u>0</u>					
Total Monthly Rent					\$ <u>700</u>
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>					

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance. The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization may not participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor 	Title <u>Owner</u>	Date <u>2.26.24</u>
Signature of Lessee 	Title <u>Executive Director</u>	Date <u>01/23/2024</u>

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
 - a. If bingo is the primary game, the monthly rent must be reasonable
 - b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
 - a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
 - b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
 - c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
 - a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
 - b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
 - c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

Special considerations are:

 - (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and
 - (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
 - d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.
- *4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirements)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

Kim Sanderson

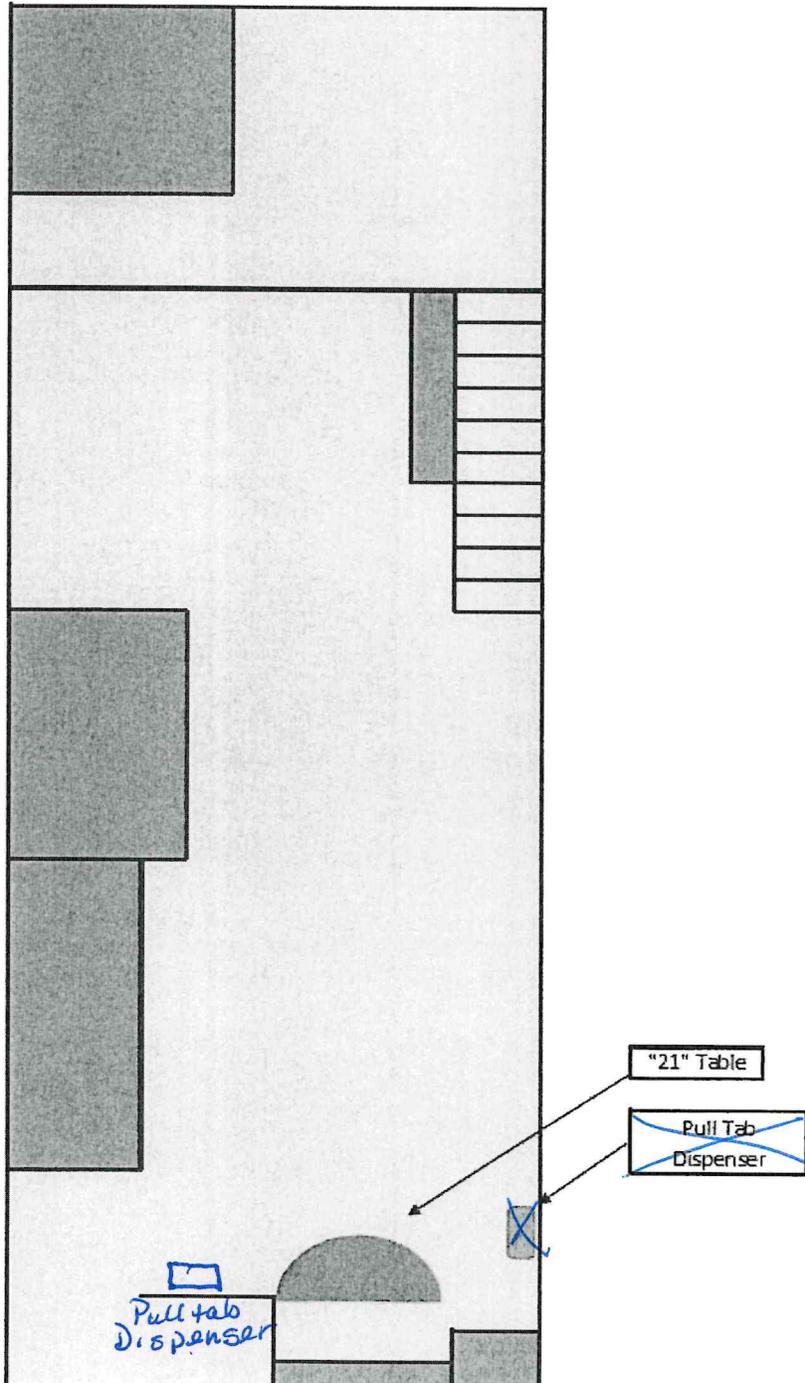
From:

Sent:

To:

Subject:

Craftcade drawing





GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
Sixteen03 Main Events, LLC dba Sixteen03 Main Events

Street 1601 East Main Avenue	City Bismarck	ZIP Code 58501	County Burleigh
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Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 0
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Specific location where games of chance will be conducted and played at the site (required)
The whole bar area except the restrooms.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

<input type="checkbox"/> Bingo	<input type="checkbox"/> Club Special	<input type="checkbox"/> Sports Pools
<input type="checkbox"/> ELECTRONIC Quick Shot Bingo	<input type="checkbox"/> Tip Board	<input type="checkbox"/> Twenty-One
<input type="checkbox"/> Raffles	<input type="checkbox"/> Seal Board	<input type="checkbox"/> Poker
<input type="checkbox"/> ELECTRONIC 50/50 Raffle	<input type="checkbox"/> Punchboard	<input type="checkbox"/> Calcuttas
<input type="checkbox"/> Pull Tab Jar	<input type="checkbox"/> Prize Board	<input type="checkbox"/> Paddlewheel with Tickets
<input checked="" type="checkbox"/> Pull Tab Dispensing Device	<input type="checkbox"/> Prize Board Dispensing Device	<input type="checkbox"/> Paddlewheel Table
<input type="checkbox"/> ELECTRONIC Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) Sixteen03 Main Event		Site Name Sixteen03 Main Event		Site Phone Number (701) 255-6246
Site Address 1603 East Main Avenue		City Bismarck	State ND	Zip Code 58501
Organization Fort Abraham Lincoln Foundation		Rental Period July 1, 2024 to June 30, 2025		County Burleigh
1. Is Bingo going to be conducted at the site?				<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.				<input type="checkbox"/> No <input type="checkbox"/> Yes
2. Is Twenty-One conducted at this site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
Number of Tables with wagers up to \$5 <u>0</u>		X Rent per Table \$ <u>N/A</u>		\$
Number of Tables with wagers over \$5 <u>0</u>		X Rent per Table \$ <u>N/A</u>		\$
3. Is Paddlewheels conducted at this site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
Number of Tables _____		X Rent per Table \$ _____		
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$ 400
Please Check: <input type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device				
5. Are Electronic Pull-Tabs conducted at this site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
If "Yes" please indicate the number of devices <u>0</u>				
Total Monthly Rent				\$ 400
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance. The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization may not participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor 	Title President	Date 1/24/24
Signature of Lessee 	Title Executive Director	Date 01/23/2024

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
 - a. If bingo is the primary game, the monthly rent must be reasonable
 - b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
 - a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
 - b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
 - c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
 - a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
 - b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
 - c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

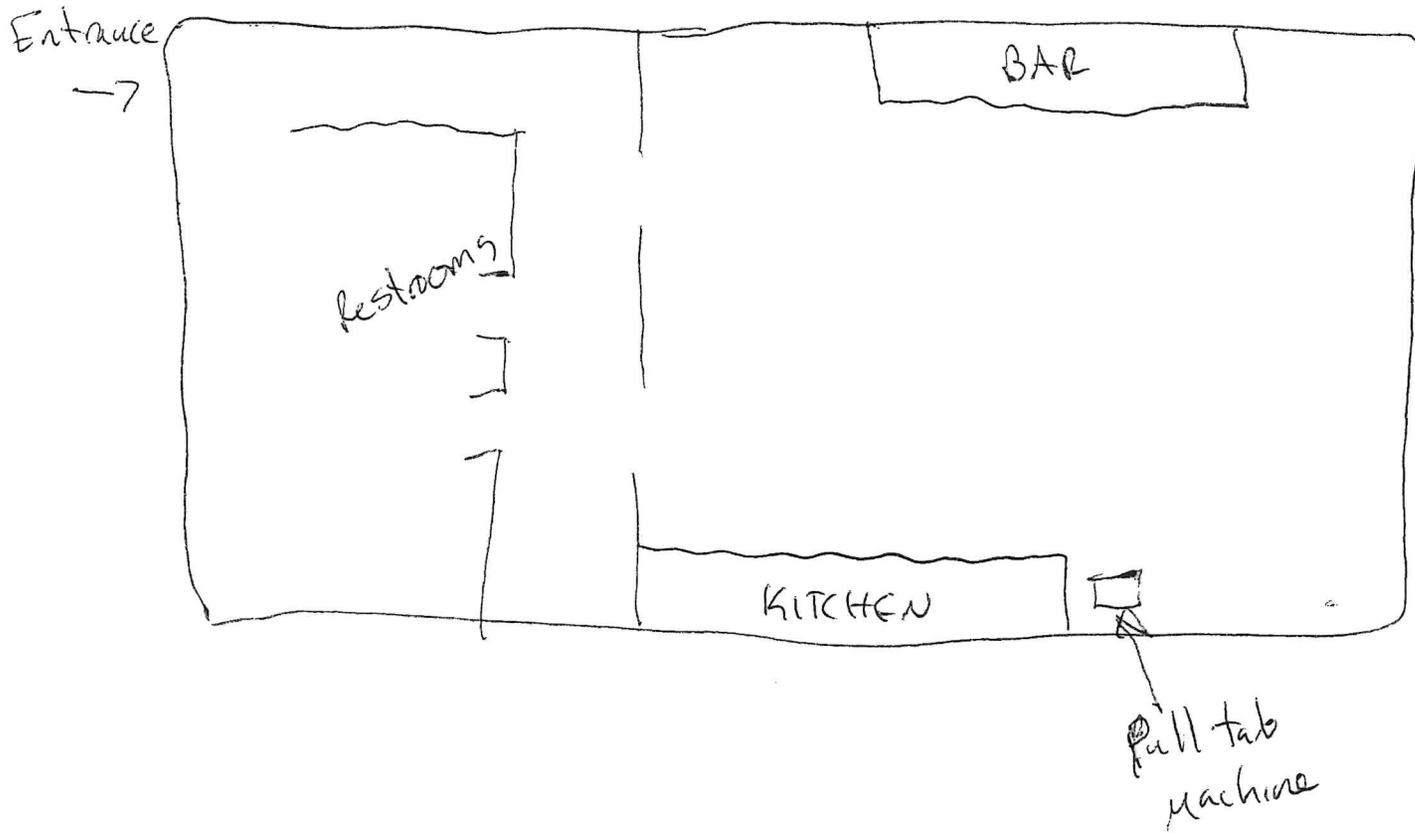
Special considerations are:

 - (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and
 - (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
 - d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.
- *4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirements)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

1603 Main Events





GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Fort Abraham Lincoln Foundation

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
The Mob Menu, LLC dba Jimmy V's

Street 512 East Main Avenue	City Bismarck	ZIP Code 58501	County Burleigh
---------------------------------------	-------------------------	--------------------------	---------------------------

Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 1
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Specific location where games of chance will be conducted and played at the site (required)
The whole bar area except the restrooms.

If conducting Raffle or Poker activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Club Special | <input type="checkbox"/> Sports Pools |
| <input type="checkbox"/> ELECTRONIC Quick Shot Bingo | <input type="checkbox"/> Tip Board | <input checked="" type="checkbox"/> Twenty-One |
| <input type="checkbox"/> Raffles | <input type="checkbox"/> Seal Board | <input type="checkbox"/> Poker |
| <input type="checkbox"/> ELECTRONIC 50/50 Raffle | <input type="checkbox"/> Punchboard | <input type="checkbox"/> Calcuttas |
| <input checked="" type="checkbox"/> Pull Tab Jar | <input type="checkbox"/> Prize Board | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table |
| <input checked="" type="checkbox"/> ELECTRONIC Pull Tab Device | | |

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above

Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) The Mob Menu LLC		Site Name Jimmy V's		Site Phone Number 701-557-7676
Site Address 512 E. Main	City Bismarck	State ND	Zip Code 58501	County Burleigh
Organization Fort Abraham Lincoln Foundation		Rental Period July 1, 2024 to June 30, 2025		Monthly Rent Amount
1. Is Bingo going to be conducted at the site?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$
Number of Tables with wagers over \$5 <u>1</u> X Rent per Table \$ <u>300</u>		\$ 300		
3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input checked="" type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 325
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices <u>2</u>		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 350
Total Monthly Rent				\$ 975
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance. The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor <i>[Signature]</i>	Title <i>Member</i>	Date <i>5-7-2024</i>
Signature of Lessee <i>[Signature]</i>	Title <i>Executive Director</i>	Date <i>05/07/2024</i>

North Dakota Century Code § 53-06.1-11 (Gross Proceeds - Allowable Expenses - Rent Limits)

4. For a site where bingo is conducted:
 - a. If bingo is the primary game, the monthly rent must be reasonable
 - b. If bingo is not the primary game, but is conducted with twenty-one, paddlewheels, or pull tabs, no additional rent is allowed.
5. For a site where bingo is not the primary game.
 - a. If twenty-one or paddlewheels is conducted, the monthly rent may not exceed two hundred dollars multiplied by the necessary number of tables based on criteria prescribed by gaming rule. For each twenty-one table with a wager greater than five dollars, an additional amount up to one hundred dollars may be added to the monthly rent. If pull tabs is also conducted involving only a jar bar, the monthly rent for pull tabs may not exceed an additional one hundred seventy-five dollars. If pull tabs is conducted involving only a dispensing device or a jar bar and dispensing device, the monthly rent for pull tabs may not exceed an additional three hundred twenty-five dollars.
 - b. If twenty-one and paddlewheels are not conducted but pull tabs is conducted involving either a jar bar or dispensing device, the monthly rent may not exceed four hundred dollars.
 - c. If pull tabs is conducted using one or more electronic pull tab devices, the monthly rent may not exceed one hundred seventy-five dollars per machine for the first five machines in the same venue. For each additional machine in the same venue beyond five, the monthly rent may not exceed seventy-five dollars per machine up to a maximum of one thousand two hundred fifty dollars per month for all electronic pull tab devices in a single venue.

North Dakota Administrative Code § 99-01.3-02-06 (Rental Agreement)

3. Rent must be a fixed dollar amount per month
 - a. A participatory or graduated rate arrangement based on gross proceeds or adjusted gross proceeds is prohibited.
 - b. If bingo is the primary game or if a site is leased by an organization that has the alcoholic beverage license for that site, the monthly rent must be reasonable. Factors include time usage, floor space, local prevailing rates, and available sites and services. An organization may pay seasonal expenses, such as snow removal, air-conditioning, and heating, to a vendor.
 - c. If bingo is not the primary game, the maximum monthly rent must be according to subsection 5 of North Dakota Century Code section 53-06.1-11.

Special considerations are:

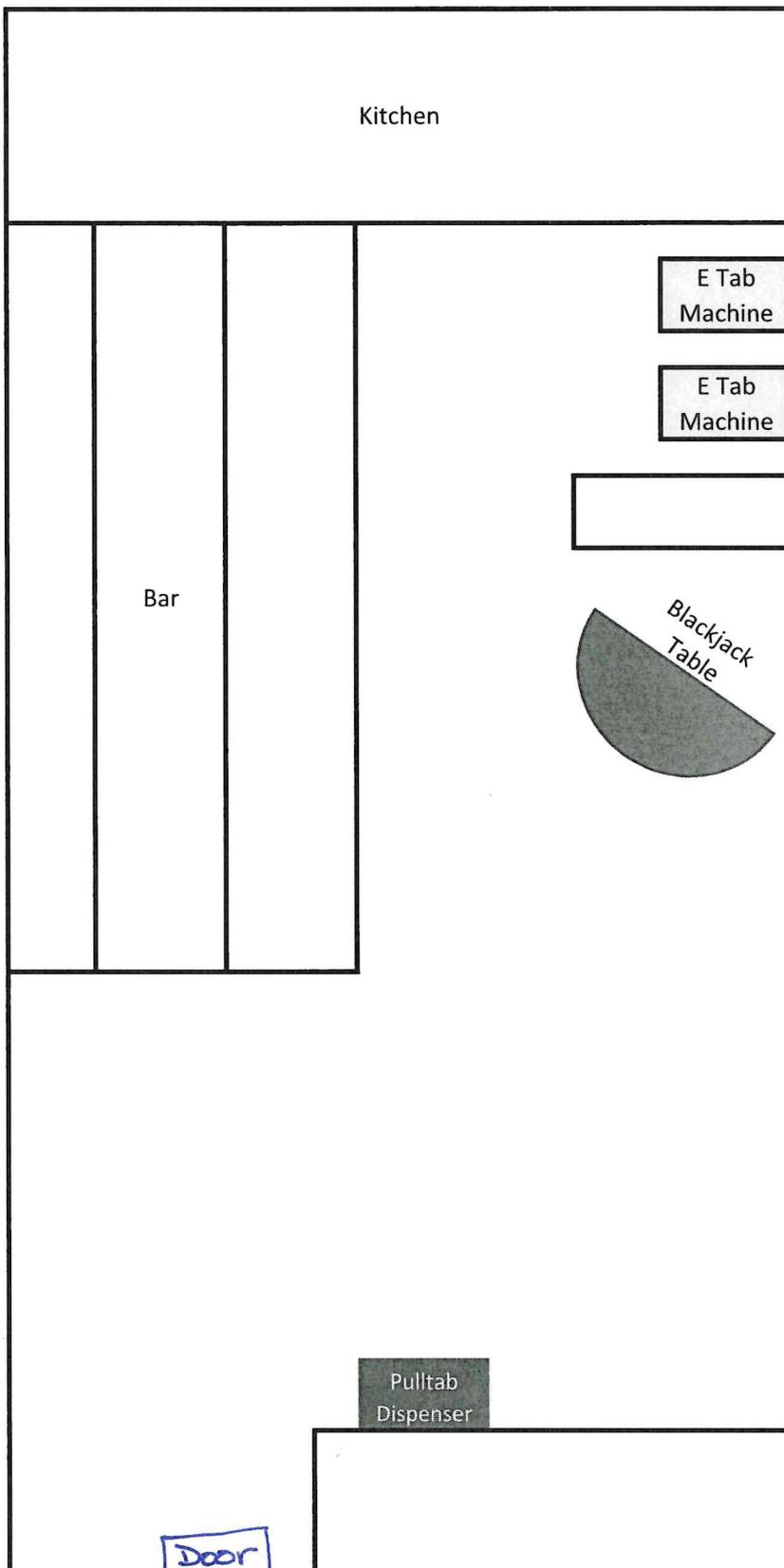
 - (1) If two or more organizations conduct twenty-one or paddlewheels, or both, involving a table and pull tabs for less than a month at a temporary site which is a public or private premise, or if two or more organizations are issued site authorizations to conduct games at a site on different days of the week, the maximum monthly rent, in the aggregate, may not exceed the limit set by subsection 5 of North Dakota Century Code section 53-06.1-11; and
 - (2) If a raffle, calcutta, sports pool, or poker is conducted with twenty-one, paddlewheels or pull tabs, no additional rent is allowed.
 - d. Except for applying subsection 3 or 4 of section 99-01.3-03-04, and additional rent paid to a lessor for simulcast racing, an organization or employee may not pay any additional rent or expense, from any source, or for any other purpose, including office or storage space, snow removal, maintenance or cleaning fees, equipment, furnishings, entertainment, or utilities. Except for a leased site at which bingo is the primary game conducted, an organization may not pay for any capital or leasehold improvements or remodeling.

*4. If there is a change in the monthly rent or any other material change to a rental agreement, the agreement must be amended and a copy received by the attorney general **before** its effective date.

North Dakota Administrative Code § 99-01.3-08-01 (Restrictions and Requirements)

4. An organization may pay monthly rent for more than one table provided that each additional table is used at least thirteen times a quarter. This level of activity is based on a site's historical experience, or seasonal activity, for each of the previous four quarters, regardless of which organization conducted twenty-one at the site. For a new site or a site that has been completely remodeled in appearance and function, the level of activity must be reviewed and reestablished after the first full quarter. If an additional table is used at least thirteen times in at least one but not all of the previous four quarters, the allowable monthly rent for that table must be prorated over all the active months of the licensing year. For example, if a second table was used at least thirteen times in only two of the previous four quarters, the additional monthly rent for the second table would be a maximum of two hundred dollars per month (or three hundred dollars per month if a wager greater than five dollars is accepted on the table) multiplied by six months (totaling one thousand two hundred dollars) and prorated to one hundred dollars per month for the licensing year. The organization shall document each table's usage, which includes the date, table number, and drop box cash amount for each table and how the prorated rental amounts were determined. This documentation must be retained with the organization's twenty-one records for three years.

Jimmy V's Gaming Floor Layout





**STATE GAMING LICENSE -
REAPPLICATION FORM**
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 53838 (7-2023)

License Number	G- 0019
License Year Ending	June 30, 2025

1. Official, Legal Name of Organization (Do Not Abbreviate)		Business Telephone Number	
American Legion Loyd Spetz Post 1		701-258-3101	
Business Address (Street)	City	State	ZIP Code
2402 Railroad Ave	Bismarck	ND	58501
Mailing Address	City	State	ZIP Code
P.O. Box 753	Bismarck	ND	58502
Address Where Gaming Accounting Records Are Kept	City	State	ZIP Code
2402 Railroad Ave	Bismarck	ND	58501
E-mail Address	Contact Person	Official Position of Contact Person	
info@americanlegionbismarck.org	Mamie Havelka	Post Executive Chair	

2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service?	3. Provide Organization's Federal Employer Identification Number (EIN)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	45-0214007

4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.)	Daytime Telephone Number
Mamie Havelka, Post Executive Chair	701-340-1621
5. Name of Gaming Manager	Daytime Telephone Number
Mamie Havelka	701-340-1621
6. Signature of Gaming Manager	Date
<i>Mamie Havelka</i>	9 May 2024

7. List the Full Governing Board of the Organization (The Governing Board is primarily responsible and may be held accountable for the proper determination and use of net proceeds)			
Name	Telephone Number	Name	Telephone Number
Mamie Havelka	701-340-1621	Daniel Rustvang	701-740-5954
Name	Telephone Number	Name	Telephone Number
Russ Kroshus	701-426-5102		
Name	Telephone Number	Name	Telephone Number
Jennette Fetch	701-471-1693		
Name	Telephone Number	Name	Telephone Number
Bob Weisold	701-595-2401		
Name	Telephone Number	Name	Telephone Number
Wayne Marusik	701-226-5571		
Name	Telephone Number	Name	Telephone Number
Ed Stern	701-989-2433		

8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted?
<input type="checkbox"/> Own <input checked="" type="checkbox"/> Rent

AFFIDAVIT		
The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank and accounting records.	Signature of Top Executive Official	Date
	<i>Mamie Havelka</i>	9 May 2024



CURRENT GAMING EMPLOYEE LIST

ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

License No. G- 0 0 1 9

Organization Name American Legion Loyd Spetz Post 1		
Mailing Address P.O. Box 753		
City Bismarck	State ND	ZIP Code 58502
Business Phone		Cell Phone (701) 340-1621

Name of Gaming Manager Mamie Havelka	Date of Hire 15 Nov 2022
<i>NOTE: Volunteer Gaming Managers are required to have a record check completed.</i>	Date of Birth 03/26/1952
Record Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1. Melissa Long	Runner	1 Aug 2023	20 July 73	<input checked="" type="checkbox"/>
2. Evelyn Sims	Runner	1 Jan 2024	18 May 00	<input checked="" type="checkbox"/>
3.				<input type="checkbox"/>
4.				<input type="checkbox"/>
5.				<input type="checkbox"/>
6.				<input type="checkbox"/>
7.				<input type="checkbox"/>
8.				<input type="checkbox"/>
9.				<input type="checkbox"/>
10.				<input type="checkbox"/>
11.				<input type="checkbox"/>
12.	Bismarck			<input type="checkbox"/>
13.				<input type="checkbox"/>
14.				<input type="checkbox"/>
15.				<input type="checkbox"/>
16.				<input type="checkbox"/>
17.				<input type="checkbox"/>
18.				<input type="checkbox"/>
19.				<input type="checkbox"/>
20.				<input type="checkbox"/>
21.				<input type="checkbox"/>
22.				<input type="checkbox"/>
23.				<input type="checkbox"/>
24.				<input type="checkbox"/>

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

GAMING INTERNAL CONTROL MANUAL

TABLE OF CONTENTS

<u>Section</u>	<u>Description</u>	<u>Page No.</u>
I.	Position Descriptions	1
II.	Organizational Flow Chart	3
III.	Updating the Internal Control Manual	4
IV.	Accounting	5
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VI.	Count Team Procedures	24
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VIII.	Pull Tabs	36
IX.	Pull Tab Dispensing Device	45
X.	Twenty-One	52



GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Lloyd Spetz Post No 1, The American Legion, Department Of North Dakota

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
On the Run

Street 2205 Tyler Parkway	City Bismarck	ZIP Code 58503	County Burleigh
-------------------------------------	-------------------------	--------------------------	---------------------------

Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2024	Number of Twenty-One tables, if zero, enter "0" 0
---	---	---

Specific location where games of chance will be conducted and played at the site (required)
In the off sale south side of building.

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

- | | | |
|---|--|---|
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Club Special | <input type="checkbox"/> Sports Pools |
| <input type="checkbox"/> ELECTRONIC Quick Shot Bingo | <input type="checkbox"/> Tip Board | <input type="checkbox"/> Twenty-One |
| <input type="checkbox"/> Raffles | <input type="checkbox"/> Seal Board | <input type="checkbox"/> Poker |
| <input type="checkbox"/> ELECTRONIC 50/50 Raffle | <input type="checkbox"/> Punchboard | <input type="checkbox"/> Calcuttas |
| <input type="checkbox"/> Pull Tab Jar | <input type="checkbox"/> Prize Board | <input type="checkbox"/> Paddlewheel with Tickets |
| <input type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table |
| <input checked="" type="checkbox"/> ELECTRONIC Pull Tab Device | | |

Days of week of gaming operations (if restricted) All days available according to State & Local Laws	Hours of gaming (if restricted) All hours allowed by State & Local laws
--	---

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Doug Wiles, City of Bismarck Assistant Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) Parkland USA		Site Name On The Run		Site Phone Number (701)255-1216
Site Address 2205 Tyler Parkway		City Bismarck	State ND	Zip Code 58503
County Burleigh		Rental Period 1 July 2024 to 30 June 2025		Monthly Rent Amount
Organization American Legion Loyd Spetz Post 1				
1. Is Bingo going to be conducted at the site?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
Number of Tables with wagers over \$5 _____ X Rent per Table \$ _____				\$
3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices <u>4</u>		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 700.00
Total Monthly Rent				\$ 700.00
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance. The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization may not participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

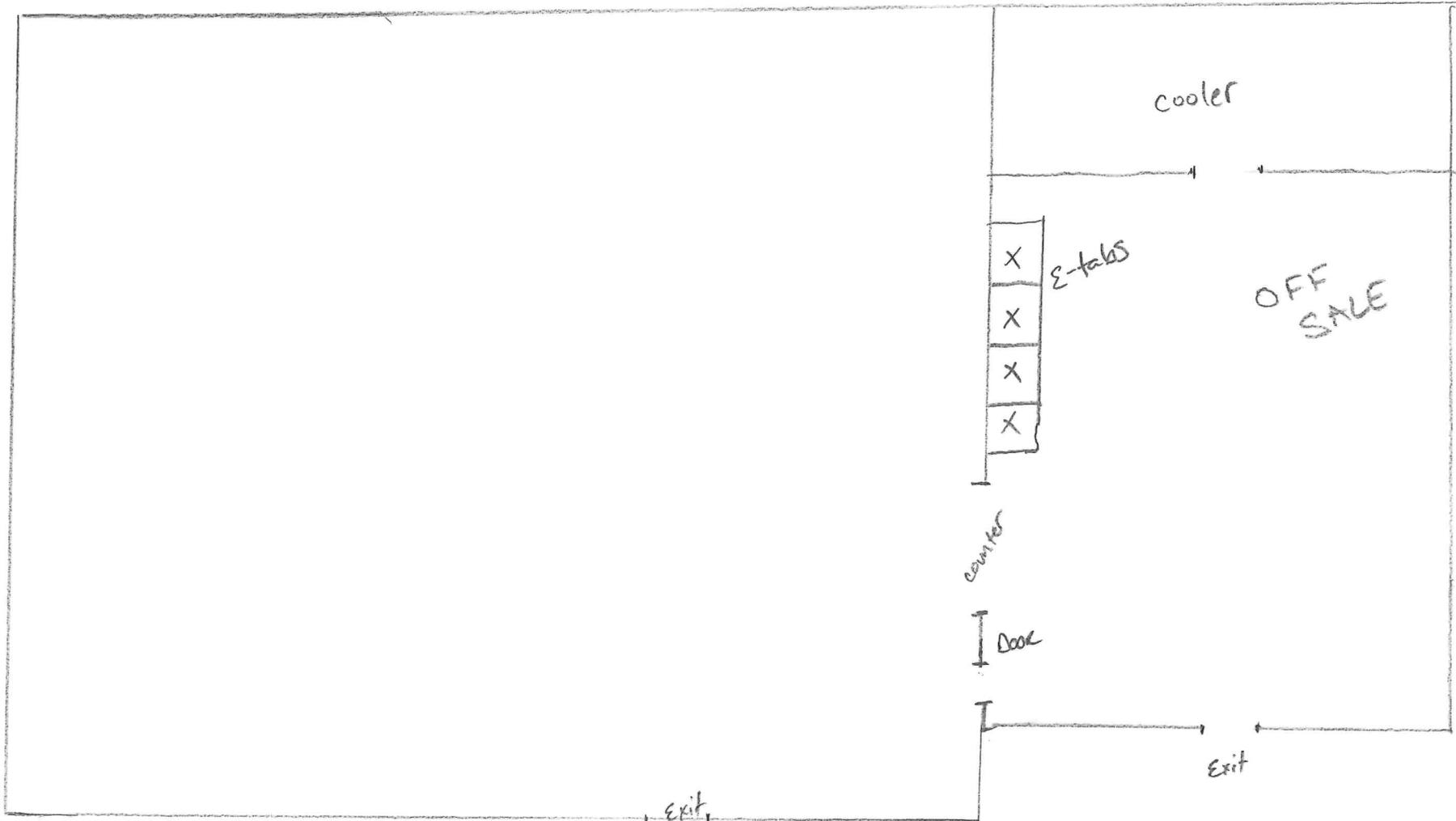
Signature of Lessor <i>Danny Amberg</i>	Title Authorized Controller	Date 9 May 2024
Signature of Lessee <i>Maria A. ...</i>	Title Post 1 Executive Chair Gaming Manager	Date 9 May 2024

ON THE RUN

Bismarck

E

N



S

Exit

Exit

counter

Door

cooler

E-tabs

OFF SALE

W



**STATE GAMING LICENSE -
REAPPLICATION FORM**
NORTH DAKOTA OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 53838 (7-2023)

License Number G-
License Year Ending June 30, _____

1. Official, Legal Name of Organization (Do Not Abbreviate) Matpac Wrestling Club, Inc.		Business Telephone Number (701) 202-2657	
Business Address (Street) 2600 E. Rosser Avenue	City Bismarck	State ND	ZIP Code 58501
Mailing Address 103 S. 3rd Street, No. 1	City Bismarck	State ND	ZIP Code 58501
Address Where Gaming Accounting Records Are Kept 103 S. 3rd Street, No. 1	City Bismarck	State ND	ZIP Code 58501
E-mail Address alec.dkgcpa@midconetwork.com	Contact Person Alec Kautzman	Official Position of Contact Person Gaming Manager	
2. Is Organization Recognized as Tax Exempt by the Internal Revenue Service? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		3. Provide Organization's Federal Employer Identification Number (EIN) 45-01410854	
4. Name and Title of Organization's Top Executive Official (i.e., Cmdr, Pres., etc.) Richard Steidler, President		Daytime Telephone Number (701) 226-8423	
5. Name of Gaming Manager Alec Kautzman		Daytime Telephone Number (701) 214-2278	
6. Signature of Gaming Manager 		Date 4/30/24	
7. List the Full Governing Board of the Organization (The Governing Board is primarily responsible and may be held accountable for the proper determination and use of net proceeds)			
Name Richard Steidler	Telephone Number (701) 226-8423	Name Amber Sandness	Telephone Number (701) 400-2262
Name Mark Lardy	Telephone Number (701) 391-8870	Name Dallas Hied	Telephone Number (701) 220-3121
Name Jeremy Jangula	Telephone Number (701) 471-5335	Name Jason Huber	Telephone Number (701) 214-2555
Name Jeff Schumacher	Telephone Number (701) 471-9237	Name	Telephone Number
Name Chad Renner	Telephone Number (701) 400-4689	Name	Telephone Number
Name Jeb Williams	Telephone Number (701) 220-3139	Name	Telephone Number
8. Does the Organization Own or Rent the Premises at Which the Games or Chance will be Conducted? <input checked="" type="checkbox"/> Own <input type="checkbox"/> Rent			

AFFIDAVIT

The Top Executive Official declares that the information is correct and authorizes the Attorney General to inspect the organization's bank and accounting records.	Signature of Top Executive Official 	Date 5-3-24
--	---	-----------------------

Cities or Counties (If site is outside limits of an incorporated city) in which games of chance will be conducted	
City	County (Provide ONLY if renewing a county license)
Bismarck	Burleigh
Ellendale	
Mandan	
If additional space is needed, attached a separate sheet	

Total number of licenses organization is applying for (add each city or county listed above) 4 x \$175.00 \$ 700 Total fee.

**Enclose total license fee with this application.
(Check payable to: ND Attorney General)**

RETURN TO:
Office of Attorney General
Licensing Section
600 E Boulevard Ave Dept. 125
Bismarck, ND 58505-0040

Telephone
701-328-2329 or
1-800-326-9240

**CURRENT GAMING EMPLOYEE LIST**ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

Organization Name Matpac Wrestling Club, Inc.		
Mailing Address 103 S. 3rd Street, No. 1		
City Bismarck	State ND	ZIP Code 58501
Business Phone (701) 255-6290		Cell Phone (701) 214-2278

License No. G- 0 9 8 3

Name of Gaming Manager Alec Kautzman	Date of Hire 10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth 6/10/87

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Grace L. Acheson	Bingo Worker	7/1/23	10/10/02	<input type="checkbox"/>
2.	Emanuel T. Adams	Dealer	6/26/20	7/26/80	<input type="checkbox"/>
3.	Brittney L. Alexander	Dealer	9/29/23	11/19/99	<input type="checkbox"/>
4.	Kaitlyn Deann Alvarado	Dealer	4/15/21	10/25/99	<input type="checkbox"/>
5.	Callie M. Anderson	Dealer	1/3/24	3/19/00	<input type="checkbox"/>
6.	Calli J. Anklam	Dealer	1/1/19	9/5/92	<input type="checkbox"/>
7.	Olivia L. Bachmaier	Dealer	10/8/21	3/3/99	<input type="checkbox"/>
8.	Adeline K. Backer	Count Team Member	10/25/22	5/11/53	<input type="checkbox"/>
9.	Kaylee C. Barbie	Bingo Worker	1/5/24	8/23/00	<input type="checkbox"/>
10.	Erandi Barreto	Dealer	7/18/23	1/8/98	<input type="checkbox"/>
11.	Jazmine N. Beardsley	Dealer	4/24/23	6/11/01	<input type="checkbox"/>
12.	La'Teshia R. Beck	Dealer	6/20/23	3/7/99	<input type="checkbox"/>
13.	James J. Becker	Dealer	7/1/23	8/30/60	<input type="checkbox"/>
14.	Travis Ryan Bitz	Dealer	7/1/20	3/30/77	<input type="checkbox"/>
15.	Madison F. Bodine	Dealer	3/14/98	2/16/22	<input type="checkbox"/>
16.	Anita Jo Bohner	Dealer	4/1/17	3/5/81	<input type="checkbox"/>
17.	Mikayla A. Brackin	Bingo Worker	11/23/22	7/25/02	<input type="checkbox"/>
18.	Zoie B. Breckheimer	Dealer	3/21/24	10/8/98	<input type="checkbox"/>
19.	Jordan A. Brehmer	Bingo Worker	1/15/24	6/5/01	<input type="checkbox"/>
20.	Kevin L. Brunelle	Count Team Member	2/22/22	2/9/84	<input type="checkbox"/>
21.	Maren J. Carlson	Dealer	1/10/22	11/7/97	<input type="checkbox"/>
22.	Zackary Lee John Christmann	Count Team Member	2/14/20	8/23/90	<input type="checkbox"/>
23.	Kamaria E. Cieslak	Dealer	7/18/23	10/19/94	<input type="checkbox"/>
24.	Bailey D. Clapper	Dealer	8/19/22	2/20/01	<input type="checkbox"/>

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

**CURRENT GAMING EMPLOYEE LIST**ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

Organization Name Matpac Wrestling Club, Inc.		
Mailing Address 103 S. 3rd Street, No. 1		
City Bismarck	State ND	ZIP Code 58501
Business Phone (701) 255-6290		Cell Phone (701) 214-2278

License No. G- 0 9 8 3

Name of Gaming Manager Alec Kautzman	Date of Hire 10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth 6/10/87

EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1. Nicolette L. Colbert	Dealer	9/23/22	12/27/94	<input type="checkbox"/>
2. Brita J. Cowan	Dealer	2/22/22	10/19/98	<input type="checkbox"/>
3. Kennedy F. Cowart	Count Team Member	10/12/21	8/5/98	<input type="checkbox"/>
4. Natalia K. Cruz	Dealer	2/16/22	11/28/98	<input type="checkbox"/>
5. Jeffrey Ross Davis	Count Team Member	6/7/17	5/5/82	<input type="checkbox"/>
6. Taley J. Davis	Dealer	11/14/23	3/12/00	<input type="checkbox"/>
7. Olivia J. Delorme-Heitkamp	Dealer	12/14/23	4/4/95	<input type="checkbox"/>
8. Miranda M. Delupo	Dealer	10/14/22	8/8/89	<input type="checkbox"/>
9. Cura M. Doll	Bingo Worker	11/11/22	12/9/00	<input type="checkbox"/>
10. Alexandria M. Elliott	Bingo Worker	11/23/22	2/19/02	<input type="checkbox"/>
11. Isabella R. Erickson	Dealer	6/9/23	3/20/01	<input type="checkbox"/>
12. Tara Alysse Felice	Dealer Manager	10/1/17	9/7/96	<input type="checkbox"/>
13. Brad E. Flemmer	Count Team Member	10/25/22	5/25/73	<input type="checkbox"/>
14. Kate Olivia Fox	Cleaner	5/1/19	4/28/98	<input type="checkbox"/>
15. Antonia Michelle Genet	Dealer	4/27/21	6/13/99	<input type="checkbox"/>
16. Cheyan M. Getzlaff	Dealer	7/18/23	5/19/01	<input type="checkbox"/>
17. Kelsi L. Gross	Dealer	8/30/21	6/9/91	<input type="checkbox"/>
18. Chase T. Gunwall	Dealer	7/3/23	1/20/84	<input type="checkbox"/>
19. Bryan D. Haefner	Dealer	8/20/22	6/21/79	<input type="checkbox"/>
20. Lacoya Ann Hartford	Dealer	6/1/18	5/31/93	<input type="checkbox"/>
21. Laura F. Heilman	Dealer	2/1/22	11/16/94	<input type="checkbox"/>
22. Ashly Ann Marie Hempstead	Surveillance Reviewer	8/13/19	1/20/94	<input type="checkbox"/>
23. Cody J. Hepper	Dealer	8/1/23	4/22/87	<input type="checkbox"/>
24. Tara M. Hill	Dealer	8/19/22	9/9/87	<input type="checkbox"/>

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS



CURRENT GAMING EMPLOYEE LIST
 ND OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 54270 (8-2023)

Organization Name Matpac Wrestling Club, Inc.		
Mailing Address 103 S. 3rd Street, No. 1		
City Bismarck	State ND	ZIP Code 58501
Business Phone (701) 255-6290		Cell Phone (701) 214-2278

License No. G- 0 9 8 3

Name of Gaming Manager Alec Kautzman	Date of Hire 10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth 6/10/87

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Jessica A. Jerome	Dealer	5/4/22	3/31/99	<input type="checkbox"/>
2.	Lacey A. Johnson	Dealer	11/2/21	9/20/87	<input type="checkbox"/>
3.	Shariah Faith Johnson	Dealer	10/22/20	5/6/97	<input type="checkbox"/>
4.	Michael Kadrmas	Dealer	6/27/23	4/3/74	<input type="checkbox"/>
5.	Alec Michael Kautzman	Gaming Manager	10/1/15	6/10/87	<input type="checkbox"/>
6.	Sydney C. Kautzman	Bingo Worker	3/17/23	8/1/00	<input type="checkbox"/>
7.	Kayla L. Kelley	Dealer	3/6/23	5/29/97	<input type="checkbox"/>
8.	Amanda M. Kirschmann	Dealer	11/21/22	5/10/84	<input type="checkbox"/>
9.	Roger A Kirschmann	Dealer	1/27/21	8/5/86	<input type="checkbox"/>
10.	Taylor Vesta Kitzan	Dealer	5/27/20	8/6/93	<input type="checkbox"/>
11.	Lori A. Kohler	Count Team Member	3/25/22	8/11/77	<input type="checkbox"/>
12.	Brittany Ann Kondos	Dealer	8/20/19	4/11/94	<input type="checkbox"/>
13.	Jared Fredrick Kopp	Dealer	7/1/20	8/30/86	<input type="checkbox"/>
14.	Faith Jane Krom	Dealer	6/5/20	1/6/98	<input type="checkbox"/>
15.	Brooklyn Angeline Kunz	Dealer	6/1/16	1/6/93	<input type="checkbox"/>
16.	Hannah C. LaFloe	Dealer	10/23/20	10/8/85	<input type="checkbox"/>
17.	Michael A. Lamp	Dealer	3/20/22	2/9/86	<input type="checkbox"/>
18.	Heather M. Landis	Bingo Worker	11/15/22	10/3/89	<input type="checkbox"/>
19.	Katherine M. Layer	Bingo Worker	5/5/22	11/3/00	<input type="checkbox"/>
20.	Brian Eugene Lehman	Dealer	7/1/20	4/14/81	<input type="checkbox"/>
21.	Mary L. Logan	Dealer	8/15/23	9/27/83	<input type="checkbox"/>
22.	Carmen Rae Maier	Dealer	4/15/19	8/9/79	<input type="checkbox"/>
23.	Lexie M. Martell	Dealer	10/12/23	3/16/00	<input type="checkbox"/>
24.	Brooke N. McClure	Dealer	5/10/22	8/27/99	<input type="checkbox"/>

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS



CURRENT GAMING EMPLOYEE LIST
 ND OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 54270 (8-2023)

Organization Name Matpac Wrestling Club, Inc.		
Mailing Address 103 S. 3rd Street, No. 1		
City Bismarck	State ND	ZIP Code 58501
Business Phone (701) 255-6290		Cell Phone (701) 214-2278

License No. G- 0 9 8 3

Name of Gaming Manager Alec Kautzman	Date of Hire 10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth 6/10/87

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Quinn K. Mellmer	Dealer	11/14/23	11/10/01	<input type="checkbox"/>
2.	Calli J. Miller	Count Team Member	10/14/20	3/19/98	<input type="checkbox"/>
3.	Codi Ann Miller	Dealer	4/30/21	1/16/93	<input type="checkbox"/>
4.	Arnell K. Mischel	Bingo Worker	8/18/23	10/3/81	<input type="checkbox"/>
5.	R N. Mitchell	Dealer	8/18/23	12/6/93	<input type="checkbox"/>
6.	Geralyn Orray Moen	Site Manager	5/1/20	11/7/79	<input type="checkbox"/>
7.	Samantha J. Monteau	Dealer	12/22/22	11/10/94	<input type="checkbox"/>
8.	Chalsey Faye E. Morlock	Dealer	9/11/23	10/2/01	<input type="checkbox"/>
9.	Chelsie Larae Morrow	Dealer	7/1/20	4/10/91	<input type="checkbox"/>
10.	Brittney L. Mosbrucker	Dealer	1/6/22	9/10/94	<input type="checkbox"/>
11.	Karyssa Lynn Nelson	Count Team Member	9/21/20	3/3/98	<input type="checkbox"/>
12.	Rachael D. Nue	Bingo Worker	10/14/22	8/22/01	<input type="checkbox"/>
13.	Taylor Christine Ohlhauser	Dealer	8/13/20	11/13/98	<input type="checkbox"/>
14.	Tera Lynn Olson	Dealer	7/1/20	11/30/73	<input type="checkbox"/>
15.	Kayla F. Overmoe	Count Team Member	2/7/24	5/8/87	<input type="checkbox"/>
16.	Alexis Rose Pierce	Dealer	8/13/19	9/15/92	<input type="checkbox"/>
17.	Caitlyn Yvonne Pittman	Dealer	3/4/21	5/9/95	<input type="checkbox"/>
18.	Destiny Meshell Portanova	Count Team Member	3/1/18	4/8/94	<input type="checkbox"/>
19.	McKenna L. Quintus	Dealer	1/15/24	7/17/98	<input type="checkbox"/>
20.	Emma K. Raposa	Dealer	9/6/22	8/24/01	<input type="checkbox"/>
21.	Kelsey Wray Reimnitz	Dealer	4/1/17	11/10/89	<input type="checkbox"/>
22.	Chalsea Lyn Renner	Dealer	10/14/20	4/10/91	<input type="checkbox"/>
23.	Mackenzie D. Reynolds	Dealer	11/15/22	3/22/95	<input type="checkbox"/>
24.	Danielle M. Roll	Dealer	10/13/23	5/28/87	<input type="checkbox"/>

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

**CURRENT GAMING EMPLOYEE LIST**ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

Organization Name Matpac Wrestling Club, Inc.		
Mailing Address 103 S. 3rd Street, No. 1		
City Bismarck	State ND	ZIP Code 58501
Business Phone (701) 255-6290		Cell Phone (701) 214-2278

License No. G- 0 9 8 3

Name of Gaming Manager Alec Kautzman	Date of Hire 10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth 6/10/87

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	Alyssa Lorraine Roller	Dealer	4/1/17	9/15/92	<input type="checkbox"/>
2.	Amy Jean Sandness	Dealer	7/28/20	1/9/76	<input type="checkbox"/>
3.	Megan C. Schlosser	Dealer	8/9/21	12/4/94	<input type="checkbox"/>
4.	Joseph John Schmidt	Dealer	7/1/20	12/5/69	<input type="checkbox"/>
5.	Micahel Gene Schmidt	Dealer	7/1/20	11/19/67	<input type="checkbox"/>
6.	Bayli Carmen Schultheiss	Dealer	8/1/16	5/24/94	<input type="checkbox"/>
7.	Mariah Sharon Sellon	Dealer	2/1/21	9/23/97	<input type="checkbox"/>
8.	Abigail R. Senger	Dealer	10/1/19	3/16/98	<input type="checkbox"/>
9.	Halle R. Schereck	Dealer	4/24/23	8/21/98	<input type="checkbox"/>
10.	Reid A. Shiland	Bingo Worker	10/2/22	9/25/99	<input type="checkbox"/>
11.	Jess A. Silbernagel	Dealer	9/23/21	4/7/87	<input type="checkbox"/>
12.	McKenna M. Smith	Count Team Member	5/3/21	2/16/96	<input type="checkbox"/>
13.	Taylor M. Smith	Dealer	11/3/21	9/9/98	<input type="checkbox"/>
14.	Devin Richard Steidler	Dealer	9/18/20	7/15/99	<input type="checkbox"/>
15.	Sierra Eileen Stenejham	Dealer	5/28/20	4/9/98	<input type="checkbox"/>
16.	Brenna R. Stone	Dealer	7/12/22	5/5/92	<input type="checkbox"/>
17.	Melissa Louise Sullivan	Dealer	7/1/20	3/7/82	<input type="checkbox"/>
18.	Katy Rose Thomas	Dealer	4/29/21	6/16/95	<input type="checkbox"/>
19.	Kyllie B. Trenda	Dealer	8/10/21	5/31/20	<input type="checkbox"/>
20.	Madelynn A. ^{Troun} Torut	Dealer	10/25/22	2/19/99	<input type="checkbox"/>
21.	Dominic AA. Tudor	Dealer	6/9/23	5/27/98	<input type="checkbox"/>
22.	Keely A. Wagner	Dealer	5/12/21	2/23/99	<input type="checkbox"/>
23.	Joe Burnard Ware	Dealer	7/24/20	10/23/72	<input type="checkbox"/>
24.	Jesse L. Washington	Runner	3/15/24	6/9/97	<input type="checkbox"/>

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

**CURRENT GAMING EMPLOYEE LIST**ND OFFICE OF ATTORNEY GENERAL
LICENSING SECTION
SFN 54270 (8-2023)

Organization Name Matpac Wrestling Club, Inc.		
Mailing Address 103 S. 3rd Street, No. 1		
City Bismarck	State ND	ZIP Code 58501
Business Phone (701) 255-6290		Cell Phone (701) 214-2278

License No. G- 0 9 8 3

Name of Gaming Manager Alec Kautzman	Date of Hire 10/1/15
NOTE: Volunteer Gaming Managers are required to have a record check completed. Record Check Completed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date of Birth 10/1/15

	EMPLOYEE NAME First Name, Middle Name, Last Name	JOB TITLE	DATE OF HIRE	DATE OF BIRTH	Check if Volunteer
1.	David James Welder	Dealer	7/1/20	3/20/73	<input type="checkbox"/>
2.	Larry D. White	Dealer	4/2/23	5/26/76	<input type="checkbox"/>
3.	Travis Ryan Worrall	Dealer	7/1/20	3/14/86	<input type="checkbox"/>
4.	Megan R. Zander	Dealer	6/9/22	5/13/01	<input type="checkbox"/>
5.	Katie A. Zimmer	Dealer	5/1/19	8/13/94	<input type="checkbox"/>
6.					<input type="checkbox"/>
7.					<input type="checkbox"/>
8.					<input type="checkbox"/>
9.					<input type="checkbox"/>
10.					<input type="checkbox"/>
11.					<input type="checkbox"/>
12.					<input type="checkbox"/>
13.					<input type="checkbox"/>
14.					<input type="checkbox"/>
15.					<input type="checkbox"/>
16.					<input type="checkbox"/>
17.					<input type="checkbox"/>
18.					<input type="checkbox"/>
19.					<input type="checkbox"/>
20.					<input type="checkbox"/>
21.					<input type="checkbox"/>
22.					<input type="checkbox"/>
23.					<input type="checkbox"/>
24.					<input type="checkbox"/>

RETURN THIS FORM WITH THE STATE GAMING LICENSE REAPPLICATION DOCUMENTS

Matpac Wrestling Club

Game Types

Lucky's Bar

- Raffles
- Pull Tab Jar Bar
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Twenty-One
- Poker
- Calcutta's

Main Bar

- Raffles
- Pull Tab Jar
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Twenty-One
- Poker

Sidelines

- Bingo
- Raffles
- Pull Tab Jar
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Prize Board
- Twenty-One
- Poker
- Calcutta's
- Paddlewheel Table

Sports Page

- Bingo
- Raffles
- Pull Tab Jar
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Prize Board
- Twenty-One
- Poker
- Calcutta's
- Paddlewheel Table

O'Brian's Sports Tavern

- Bingo
- Raffles
- Pull Tab Dispensing Device
- Electronic Pull Tab Device
- Prize Board
- Twenty-One
- Poker
- Calcutta's
- Paddlewheel Table



GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Matpac Wrestling Club, Inc.

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
TBM Group, LLC dba Lucky's Bar and Lounge

Street 2176 East Thayer Avenue	City Bismarck	ZIP Code 58501-4953	County Burleigh
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Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 2
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Specific location where games of chance will be conducted and played at the site (required)
Games will be conducted in the bar area, excluding the restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

<input type="checkbox"/> Bingo	<input type="checkbox"/> Club Special	<input type="checkbox"/> Sports Pools
<input type="checkbox"/> ELECTRONIC Quick Shot Bingo	<input type="checkbox"/> Tip Board	<input checked="" type="checkbox"/> Twenty-One
<input checked="" type="checkbox"/> Raffles	<input type="checkbox"/> Seal Board	<input checked="" type="checkbox"/> Poker
<input type="checkbox"/> ELECTRONIC 50/50 Raffle	<input type="checkbox"/> Punchboard	<input checked="" type="checkbox"/> Calcuttas
<input checked="" type="checkbox"/> Pull Tab Jar	<input type="checkbox"/> Prize Board	<input type="checkbox"/> Paddlewheel with Tickets
<input checked="" type="checkbox"/> Pull Tab Dispensing Device	<input type="checkbox"/> Prize Board Dispensing Device	<input type="checkbox"/> Paddlewheel Table
<input checked="" type="checkbox"/> ELECTRONIC Pull Tab Device		

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
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If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Jason Tomanek, City of Bismarck Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) TBM Group, LLC		Site Name Lucky's Bar		Site Phone Number (701) 258-8122
Site Address 2176 E. Thayer Avenue		City Bismarck	State ND	Zip Code 58501
Organization Matpac Wrestling Club		Rental Period 7/1/24 to 6/30/25		County Burleigh
Monthly Rent Amount				
1. Is Bingo going to be conducted at the site?		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input type="checkbox"/> No <input type="checkbox"/> Yes		\$
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$
Number of Tables with wagers over \$5 2 X Rent per Table \$ 300				\$ 600
3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		\$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input checked="" type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$ 325
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices 10		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes		\$ 1250
Total Monthly Rent		\$ 2,175		
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance. The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, **the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.**

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

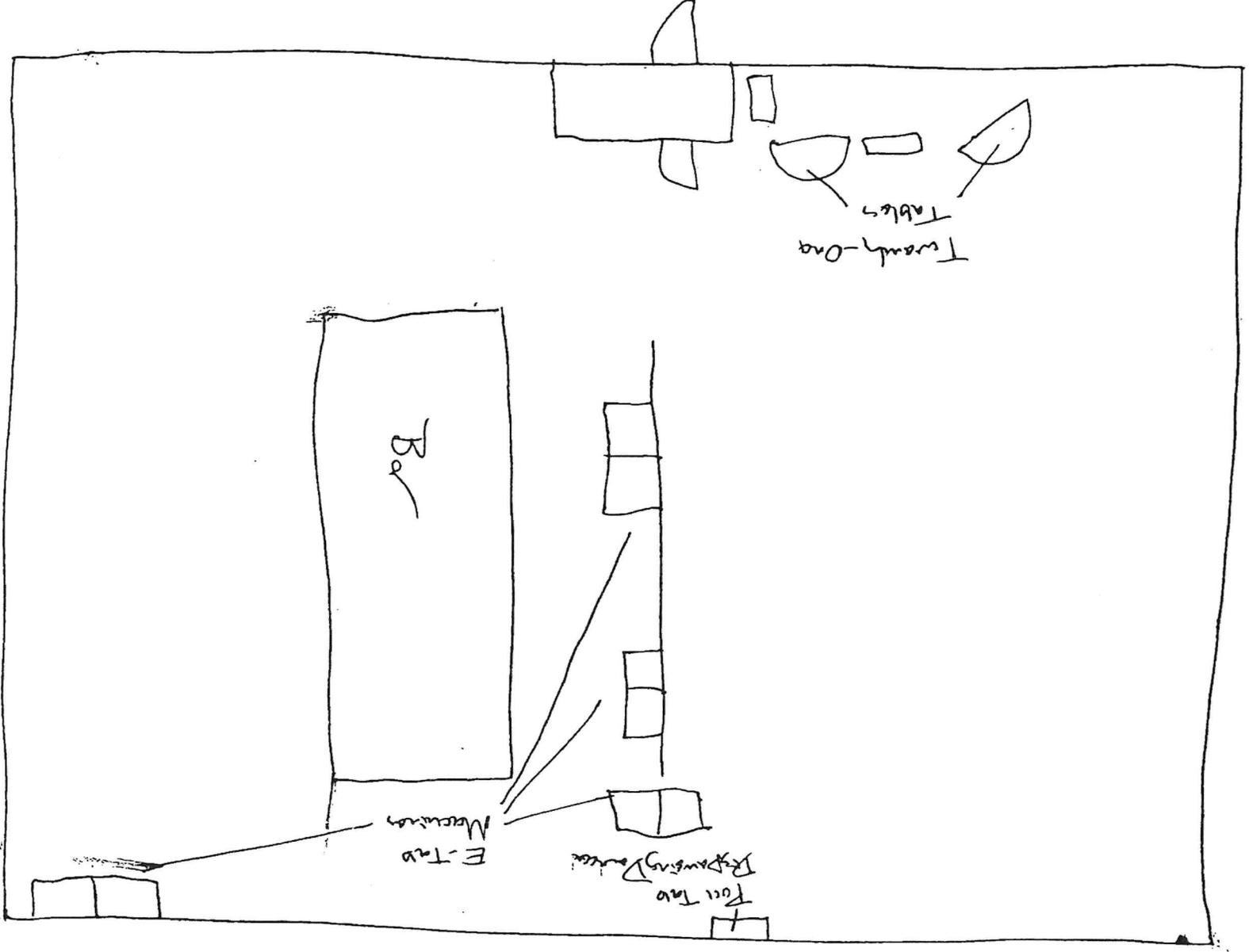
The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization **may not** participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor 	Title President	Date 4/12/24
Signature of Lessee 	Title President	Date 2/12/24



Look's Bar



GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____

Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization

Matpac Wrestling Club, Inc.

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location

TBM Group, LLC dba Main Bar and Package Store

Street 804 East Main Avenue	City Bismarck	ZIP Code 58501-4526	County Burleigh
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Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 1
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Specific location where games of chance will be conducted and played at the site (required)

Games will be conducted in the bar area, excluding the restrooms

If conducting Raffle or Poker activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

<input type="checkbox"/> Bingo	<input type="checkbox"/> Club Special	<input type="checkbox"/> Sports Pools
<input type="checkbox"/> ELECTRONIC Quick Shot Bingo	<input type="checkbox"/> Tip Board	<input checked="" type="checkbox"/> Twenty-One
<input checked="" type="checkbox"/> Raffles	<input type="checkbox"/> Seal Board	<input checked="" type="checkbox"/> Poker
<input type="checkbox"/> ELECTRONIC 50/50 Raffle	<input type="checkbox"/> Punchboard	<input type="checkbox"/> Calcuttas
<input checked="" type="checkbox"/> Pull Tab Jar	<input type="checkbox"/> Prize Board	<input type="checkbox"/> Paddlewheel with Tickets
<input checked="" type="checkbox"/> Pull Tab Dispensing Device	<input type="checkbox"/> Prize Board Dispensing Device	<input type="checkbox"/> Paddlewheel Table
<input checked="" type="checkbox"/> ELECTRONIC Pull Tab Device		

Days of week of gaming operations (if restricted)

Hours of gaming (if restricted)

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above

Jason Tomanek, City of Bismarck Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) TBM Group, LLC		Site Name Main Bar		Site Phone Number (701) 223-2284
Site Address 804 E. Main Avenue	City Bismarck	State ND	Zip Code 58501	County Burleigh
Organization Matpac Wrestling Club	Rental Period 7/1/24 to 6/30/25		Monthly Rent Amount	
1. Is Bingo going to be conducted at the site?		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$
Number of Tables with wagers over \$5 1 X Rent per Table \$ 300				\$ 300
3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input type="checkbox"/> Jar Bar <input checked="" type="checkbox"/> Standard Dispensing Device		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 325
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices 8		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 1100
Total Monthly Rent				\$ 1,725
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

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The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

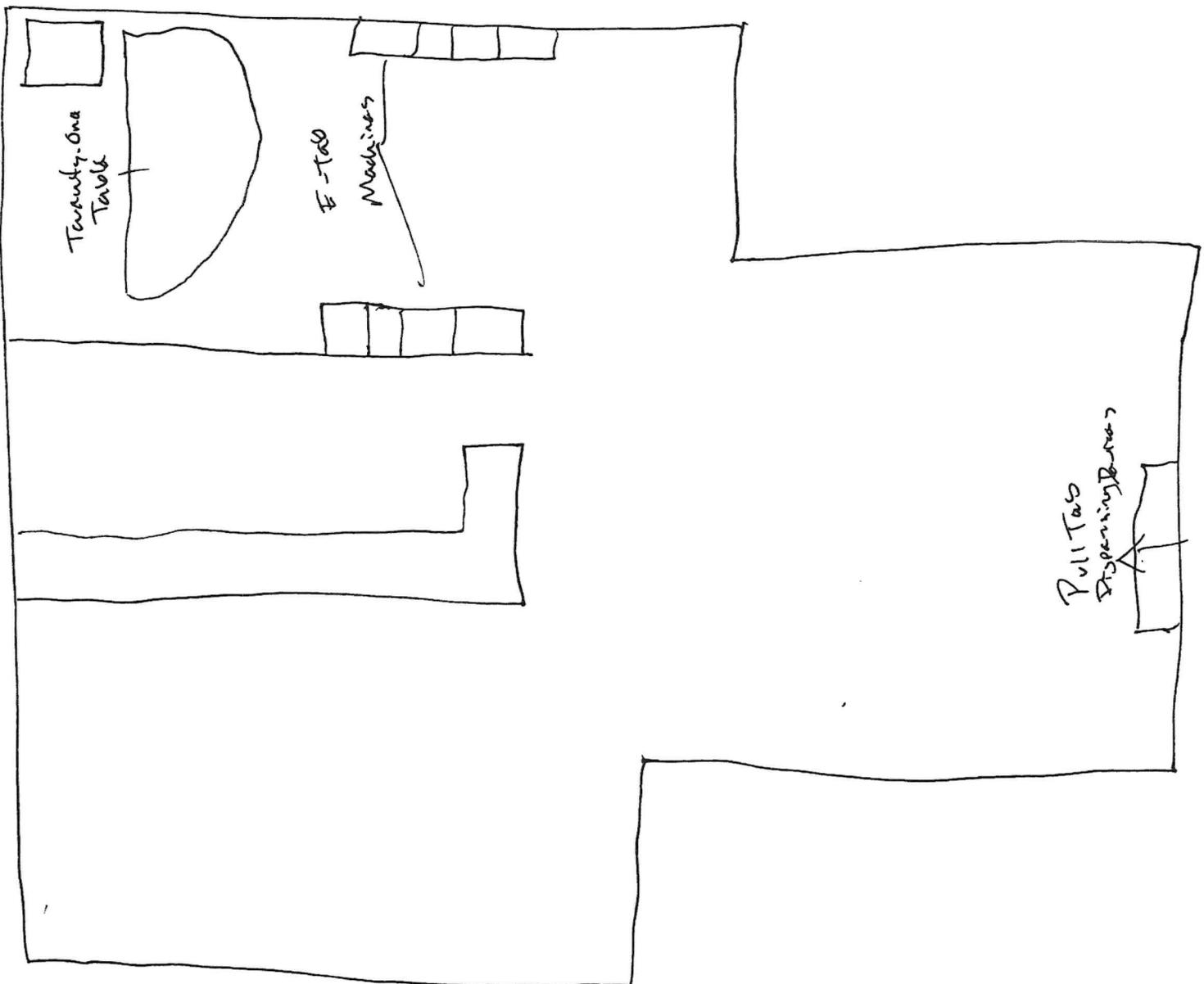
The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization may not participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor <i>[Signature]</i>	Title President	Date 4/12/24
Signature of Lessee <i>[Signature]</i>	Title President	Date 2/12/24

IVAIN DW





GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Matpac Wrestling Club, Inc.

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
O'Brian's, Inc. dba O'Brian's

Street 1059 East Interstate Avenue	City Bismarck	ZIP Code 58503-0551	County Burleigh
--	-------------------------	-------------------------------	---------------------------

Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 1
---	---	---

Specific location where games of chance will be conducted and played at the site (required)
Games will be conducted in the bar area, excluding the restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

- | | | |
|---|--|--|
| <input checked="" type="checkbox"/> Bingo | <input type="checkbox"/> Club Special | <input type="checkbox"/> Sports Pools |
| <input type="checkbox"/> ELECTRONIC Quick Shot Bingo | <input type="checkbox"/> Tip Board | <input checked="" type="checkbox"/> Twenty-One |
| <input checked="" type="checkbox"/> Raffles | <input type="checkbox"/> Seal Board | <input checked="" type="checkbox"/> Poker |
| <input type="checkbox"/> ELECTRONIC 50/50 Raffle | <input type="checkbox"/> Punchboard | <input checked="" type="checkbox"/> Calcuttas |
| <input type="checkbox"/> Pull Tab Jar | <input checked="" type="checkbox"/> Prize Board | <input checked="" type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input type="checkbox"/> Paddlewheel Table |
| <input checked="" type="checkbox"/> ELECTRONIC Pull Tab Device | | |

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above

Jason Tomanek, City of Bismarck Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) O'Brian's, Inc.		Site Name O'Brian's Sports Tavern		Site Phone Number (701) 258-5700
Site Address 1059 E. Interstate Avenue	City Bismarck	State ND	Zip Code 58503	County Burleigh
Organization Matpac Wrestling Club, Inc.	Rental Period 7/1/24 to 6/30/25			Monthly Rent Amount
1. Is Bingo going to be conducted at the site?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input type="checkbox"/> No	<input type="checkbox"/> Yes	\$
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$
Number of Tables with wagers over \$5 1 X Rent per Table \$ 300				\$ 300
3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input checked="" type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 175
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices 4		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 700
Total Monthly Rent				\$ 1,175
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

This RENTAL AGREEMENT is between the Owner (LESSOR) and Organization (LESSEE) that will be leasing the site to conduct games of chance. The LESSOR agrees that no game will be directly operated as part of the lessor's business.

The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

The LESSOR agrees not to loan money to, provide gaming equipment to, or count drop box cash for the lessee.

The LESSOR agrees any advertising by the lessor that includes charitable gaming must include the charitable gaming organization's name.

A LESSOR who is an officer or board member of an organization may not participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor 	Title Pres	Date 2-21-2024
Signature of Lessee 	Title President -	Date 2-21-2024

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Or'ds



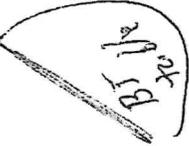
ETABS



Pool Table

Pool Table

Bar



JAR BAR

WISKIAN

ROOM DOOR

N



GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Matpac Wrestling Club, Inc.

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
Sidelines, Inc. dba Sidelines

Street 300 South 5th Street	City Bismarck	ZIP Code 58504-5676	County Burleigh
---------------------------------------	-------------------------	-------------------------------	---------------------------

Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 2
---	---	---

Specific location where games of chance will be conducted and played at the site (required)
Games will be conducted in the bar area, excluding the restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Bingo | <input type="checkbox"/> Club Special | <input type="checkbox"/> Sports Pools |
| <input type="checkbox"/> ELECTRONIC Quick Shot Bingo | <input type="checkbox"/> Tip Board | <input checked="" type="checkbox"/> Twenty-One |
| <input checked="" type="checkbox"/> Raffles | <input type="checkbox"/> Seal Board | <input checked="" type="checkbox"/> Poker |
| <input type="checkbox"/> ELECTRONIC 50/50 Raffle | <input type="checkbox"/> Punchboard | <input checked="" type="checkbox"/> Calcuttas |
| <input checked="" type="checkbox"/> Pull Tab Jar | <input checked="" type="checkbox"/> Prize Board | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input checked="" type="checkbox"/> Paddlewheel Table |
| <input checked="" type="checkbox"/> ELECTRONIC Pull Tab Device | | |

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

If any information above is false, it is subject to administrative action on behalf of the State of North Dakota Office of Attorney General

APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above

Jason Tomanek, City of Bismarck Administrator

INSTRUCTIONS:

1. City/County - Retain a **copy** of the Site Authorization for your files.
2. City/County - Return the **original** Site Authorization form to the Organization.
3. Organizations - Send the **original, signed**, Site Authorization to the Office of Attorney General with any other applicable licensing forms for final approval

RETURN ALL DOCUMENTS TO:

Office of Attorney General
 Licensing Section
 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) Sidelines, Inc.		Site Name Sidelines		Site Phone Number (701) 223-1520
Site Address 300 S. 5th Street		City Bismarck	State ND	Zip Code 58504
County Burleigh		Rental Period 7/1/24 to 6/30/25		Monthly Rent Amount
Organization Matpac Wrestling Club				
1. Is Bingo going to be conducted at the site?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
2. Is Twenty-One conducted at this site?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$
Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____				
Number of Tables with wagers over \$5 2 X Rent per Table \$ 300				\$ 600
3. Is Paddlewheels conducted at this site?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$
Number of Tables 1 X Rent per Table \$ 200				\$ 200
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$
Please Check: <input checked="" type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device				\$ 175
5. Are Electronic Pull-Tabs conducted at this site?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$
If "Yes" please indicate the number of devices 10				\$ 1250
Total Monthly Rent				\$ 2,225
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

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The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

The LESSOR agrees that the lessors on call or temporary or permanent employee(s) will not, directly or indirectly, conduct games at the site as an employee of the lessee on the same day the employee is working in the area of the bar where alcoholic beverages are dispensed or consumed.

If the LESSEE provides the Lessor with a temporary loan of funds for redeeming credit ticket vouchers from an electronic pull-tab device, or pull tabs or prize boards involving a dispensing device, the lessor agrees to repay the entire loan immediately when the lessee discontinues using the device at the site.

The LESSOR agrees not to interfere with or attempt to influence the lessee's selection of games, determination of prizes, including a bingo jackpot prize, or disbursement of net proceeds.

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A LESSOR who is an officer or board member of an organization may not participate in the organization's decision-making that is a conflict of interest.

At the LESSOR's option, the lessee agrees that this rental agreement may be automatically terminated if the lessee's gaming license is suspended at this site for more than fourteen days or revoked.

Signature of Lessor 	Title President	Date 2/16/24
Signature of Lessee 	Title President	Date 2/12/24



Westside Wrestling Club
 Site Design Program

DIBLINES

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GAMING SITE AUTHORIZATION
 ND OFFICE OF ATTORNEY GENERAL
 SFN 17996 (4-2023)

G - _____ (_____) _____
 Site License Number
 (Attorney General Use Only)

Full, Legal Name of Gaming Organization
Matpac Wrestling Club, Inc.

This organization is authorized to conduct games of chance under the license granted by the North Dakota Attorney General at the following location

Name of Location
Sports Page, Inc. dba Sports Page

Street 1120 Tacoma Avenue	City Bismarck	ZIP Code 58504-7454	County Burleigh
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Beginning Date(s) Authorized 7/1/2024	Ending Date(s) Authorized 6/30/2025	Number of Twenty-One tables, if zero, enter "0" 2
---	---	---

Specific location where games of chance will be conducted and played at the site (required)
Games will be conducted in the bar area, excluding the restrooms

If conducting **Raffle** or **Poker** activity provide date(s) or month(s) of the event(s) if known

RESTRICTIONS FOR CITY/COUNTY USE ONLY

The organization **must** provide the City/County a list of game types included in their Internal Control Manual and have the manual available upon request. The manual must thoroughly explain each game type to be conducted. The City/County can only approve these games at the site.

ACTIVITY TO BE CONDUCTED Please check all applicable games to be conducted at site (required)

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> Bingo | <input type="checkbox"/> Club Special | <input type="checkbox"/> Sports Pools |
| <input type="checkbox"/> ELECTRONIC Quick Shot Bingo | <input type="checkbox"/> Tip Board | <input checked="" type="checkbox"/> Twenty-One |
| <input checked="" type="checkbox"/> Raffles | <input type="checkbox"/> Seal Board | <input checked="" type="checkbox"/> Poker |
| <input type="checkbox"/> ELECTRONIC 50/50 Raffle | <input type="checkbox"/> Punchboard | <input checked="" type="checkbox"/> Calcuttas |
| <input type="checkbox"/> Pull Tab Jar | <input checked="" type="checkbox"/> Prize Board | <input type="checkbox"/> Paddlewheel with Tickets |
| <input checked="" type="checkbox"/> Pull Tab Dispensing Device | <input type="checkbox"/> Prize Board Dispensing Device | <input checked="" type="checkbox"/> Paddlewheel Table |
| <input checked="" type="checkbox"/> ELECTRONIC Pull Tab Device | | |

Days of week of gaming operations (if restricted)	Hours of gaming (if restricted)
---	---------------------------------

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APPROVALS

Attorney General	Date
Signature of City/County Official	Date

PRINT Name and official position of person signing on behalf of city/county above
Jason Tomanek, City of Bismarck Administrator

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 600 E Boulevard Ave, Dept. 125
 Bismarck, ND 58505-0040
 Telephone: 701-328-2329 OR 800-326-9240



RENTAL AGREEMENT
 OFFICE OF ATTORNEY GENERAL
 LICENSING SECTION
 SFN 9413 (7-2023)

License Number (Office Use Only)

Site Owner (Lessor) Sports Page, Inc.		Site Name Sports Page		Site Phone Number (701) 223-1520
Site Address 1120 Tacoma Avenue		City Bismarck	State ND	Zip Code 58504
County Burleigh		Rental Period 7/1/24 to 6/30/25		Monthly Rent Amount
Organization Matpac Wrestling Club				
1. Is Bingo going to be conducted at the site?		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	
1a. If "Yes" to number 1 above, is Bingo the primary game conducted? - If Bingo is the primary game, enter the monthly rent amount to be paid. Then answer questions 2 - 7 but do not enter any rent amounts.		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
2. Is Twenty-One conducted at this site? Number of Tables with wagers up to \$5 _____ X Rent per Table \$ _____		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$
Number of Tables with wagers over \$5 2 X Rent per Table \$ 300				\$ 600
3. Is Paddlewheels conducted at this site? Number of Tables _____ X Rent per Table \$ _____		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	\$
4. Is Pull Tabs Involving either a jar bar or standard dispensing device conducted at this site? Please Check: <input checked="" type="checkbox"/> Jar Bar <input type="checkbox"/> Standard Dispensing Device		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 175
5. Are Electronic Pull-Tabs conducted at this site? If "Yes" please indicate the number of devices 6		<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	\$ 950
Total Monthly Rent				\$ 1,725
6. If the only gaming activity to be conducted at the site is a raffle drawing, please check here. <input type="checkbox"/>				

TERMS OF RENTAL AGREEMENT:

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The LESSOR agrees that the (lessor), (lessor's) spouse, (lessor's) common household members, (management), (management's) spouse, or an employee of the lessor who is in a position to approve or deny a lease may not conduct games at any of the organization's sites and except for officers and board of directors members who did not approve the lease, may not play games at that site. However, a bar employee may redeem a credit ticket voucher from an electronic tab device, winning pull tab involving a dispensing device, pay a prize board cash prize, and award a prize board merchandise prize involving a dispensing device, and sell raffle tickets or sports pool chances on a board on behalf of an organization.

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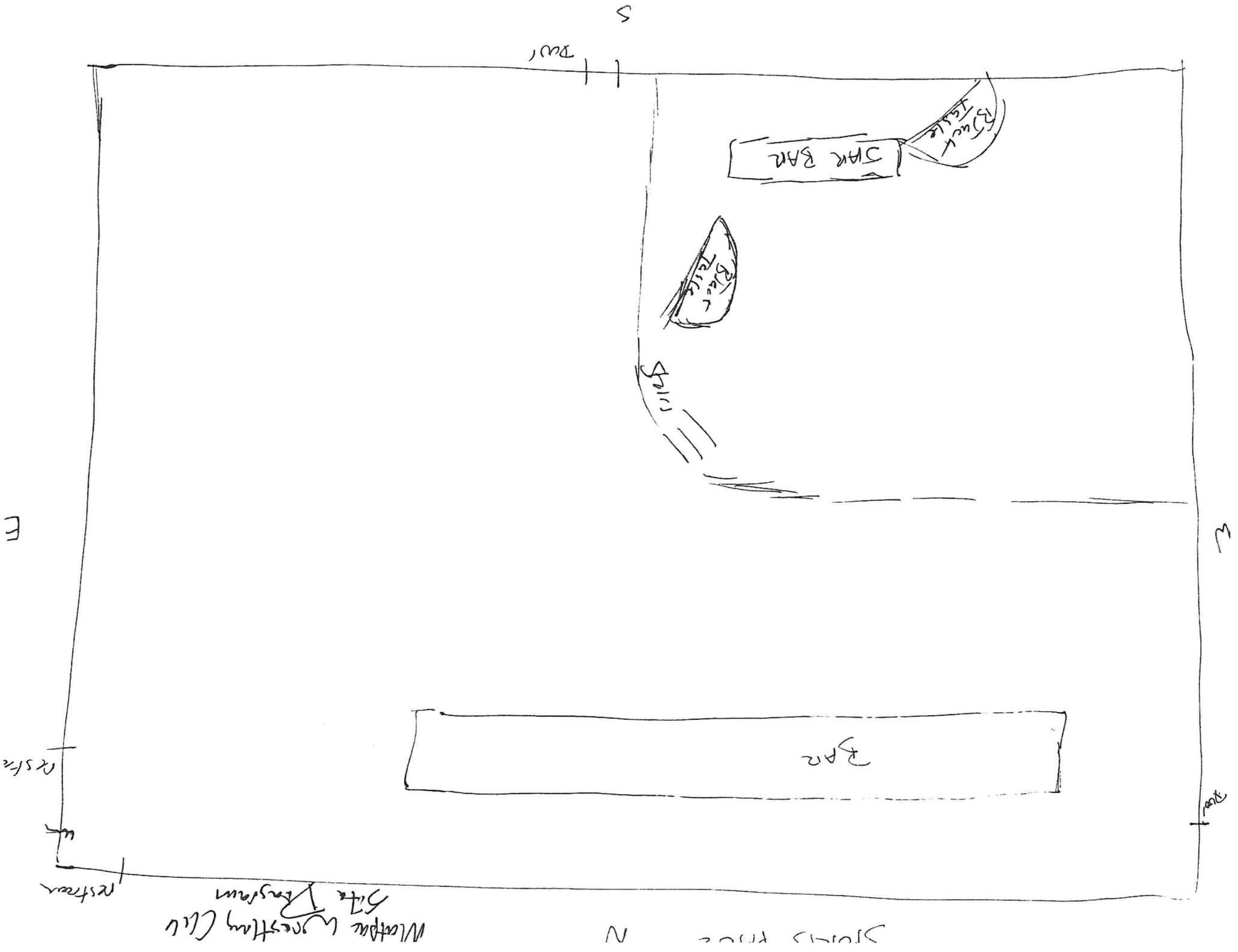
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Signature of Lessor 	Title President	Date 2/16/24
Signature of Lessee 	Title President	Date 2/12/24



Michigan University Club
Site Program

Stairs

BAR

BAR

Blair
Terrace

Blair
Terrace

Stairs

Door

Door

restroom

restroom

E

W

N

S



Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Liquor License Renewals

REQUEST:

Consider renewing the following licensed businesses for liquor licenses beginning August 1, 2024, and expiring July 31, 2025.

BACKGROUND INFORMATION:

Alcohol licenses are renewed annually and expire each year on July 31. The City of Bismarck Administration Department and the Police Department work collectively to administer the annual alcohol license renewals.

Consider the approval of the following liquor license renewals:

- Amvets Post No. 9 (dba) Amvets Post No. 9 - 2402 Railroad Avenue
- Kirkwood Hotel, LLC (dba) Bismarck Hotel and Conference Center - 800 South 3rd Street
- Blarney Stone Pub, LLC (dba) Blarney Stone Pub - 408 East Main Avenue
- W & P of Bismarck, LLC (dba) Buffalo Wild Wings - 3420 North 14th Street
- W & P of Bismarck, LLC (dba) Buffalo Wild Wings - 218 South 3rd Street
- Coborn's Incorporated (dba) Captain Jack's #7046 - 800 South 2nd Street
- Coborn's Incorporated (dba) Captain Jack's #7047 - 3131 Weiss Avenue
- Coborn's Incorporated (dba) Captain Jack's #7048 - 1140 West Turnpike Avenue
- Coborn's Incorporated (dba) Cash Wise Liquor #3020 - 1144 Bismarck Expressway
- Coborn's Incorporated (dba) Cash Wise Liquor #3051 - 900 NE 43rd Avenue
- Coco Nails & Spa, LLC (dba) Coco Nails & Spa - 820 43rd Avenue, Suite 116
- CBOCS West, Inc. (dba) Cracker Barrel Old Country Store #447 - 1685 North Grandview Lane
- Tonka Holdings, LLP (dba) Elbow Room - 115 South 5th Street
- DTSG Bismarck, Inc. (dba) Famous Dave's - 401 East Bismarck Expressway
- Horizon Market, LLC (dba) Horizon Market - 125 Durango Drive
- Dakota Asian Fusion Cuisine, Inc. (dba) Ichiban Ramen Japanese & Asian Bistro - 1825 North 13th Street
- Sairam & Sons, Inc. (dba) India Clay Ocen Bar & Grill - 510 East Main Avenue
- JLB - BIS, Inc. (dba) JL Beers - 217 North 3rd Street

- Mini Mart, Inc. (dba) Loaf 'N Jug 685 - 2835 North Washington Street
- Eclectic Culinary Concepts, Inc. (dba) Lucky's 13 Pub - 915 South 3rd Street
- Nara Ramen and Izakaya, Inc. - 309 North 3rd Street
- Old 10 Bar & Grill Bismarck, LLC (dba) Old 10 Bar & Grill - 4100 North Washington Street
- Farmers Union Oil Company of Moorhead, Minnesota (dba) Petro Serve USA #077 - 1120 East Divide Avenue
- Doublewood of Bismarck, Inc. (dba) Ramada Hotel - 1400 East Inbterchange Avenue
- Leier Enterprises, Inc. (dba) Rock'n 50's Cafe - 2700 State Street
- Bismarck Cuisine, Inc. (dba) Ruby Tuesdays - 3520 State Street
- Runto Asian Cuisine, Inc. (dba) Shogun Japanese Steak House - 2700 State Street, H1
- Engelhardt Enterprises, LLC (dba) Taco Del Mar - 1024 South 12th Street
- Texas Roadhouse Holdings, LLC (dba) Texas Roadhouse 1505 Burnt Boat Drive
- The Domain, LLC - 307 North 3rd Street
- Faber, Coe & Gregg of Florida, Inc. (dba) The Junction - 2301 University Drive, Building 17, Space 223BCD
- Sanford Restaurants, Inc. (dba) The Walrus Restaurant - 1136 North 3rd Street

RECOMMENDED CITY COMMISSION ACTION:

Approve the liquor license renewals.

STAFF CONTACT INFORMATION:

Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. Amvets Club Post 9 Application
2. Bismarck Hotel and Conference Center Application
3. Blarney Stone Application
4. Buffalo Wild Wings North Application
5. Buffalo Wild Wings South Application
6. Captain Jacks 7046 Application
7. Captain Jacks 7047 Application
8. Coco Nails Application
9. Cash Wise Liquor 3020 Application
10. Cash Wise Liquor 3051 Application
11. Captain Jacks 7048 Application
12. Cracker Barrel Application
13. Elbow Room Application
14. Famous Daves Application
15. Horizon Market Application
16. Ichiban Ramen Japanese & Asian Bistro Application
17. India Clay Oven Bar and Grill Application
18. JL Beers Application
19. Loaf N Jug Application
20. Luckys 13 Pub Application
21. Nara Ramen & Izakaya Application
22. Old 10 Bar and Grill Application
23. Petro Serve USA No. 077 Application

24. Ramada Hotel Application
25. Rock'N 50's Cafe Application
26. Ruby Tuesday Application
27. Shogun Japanese Steakhouse Application
28. Taco Del Mar Application
29. Texas Roadhouse Application
30. The Domain Application
31. The Junction Application
32. The Walrus Restaurant Application

Print

Retail Alcohol Beverage License - Submission #22828

Date Submitted: 5/7/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

AMVETS Club Post 9

Doing Business As (DBA) Name, if Applicable:*

AMVETS Club Post 9

Date of Incorporation:*

1983

State of ND Liquor License No.:

AA-02127

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

2402 Railroad Ave.

City:*

Bismarck

State:*

North Dakota

Zip:*

58501

Phone No.:*

701-258-8324

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Rhonda Gall- General Manager

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Rhonda Gall

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

North Dakota

Zip:*

58501

Phone No.:*

[Redacted]

Manager's Name:*

Rhonda Gall

Date of Birth:*

[Redacted]/1968

Percentage of Ownership:*

0

Driver's License No.:*

State Issued:*

Gender:

Race:

Home Address:*

City:*

State:*

Zip:*

Phone No.:*

Officer/Director/Stockholder Title:*

Email Address:*

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Date of Birth:*

Percentage of Ownership:*

Driver's License No.:*

State Issued:*

Gender:

Race:

Home Address:*

City:*

State:*

Zip:*

Phone No.:*

Officer/Director/Stockholder Title:*

Email Address:

Trustee Chairman

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Nicole Frohlich

[Redacted]/1980

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

North Dakota

Female

White

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Mandan

North Dakota

58554

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Trustee

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Scott Langemo

[Redacted]/1963

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

North Dakota

Male

White

Home Address:

[Redacted]

City:

Bismarck

State:

North Dakota

Zip:

58504

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Trustee

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Empty text box]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

building floor plan (3).pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Rhonda Gall, General Manager

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/7/2024

Electronic Signature

Payment Options:*

Check By Mail



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

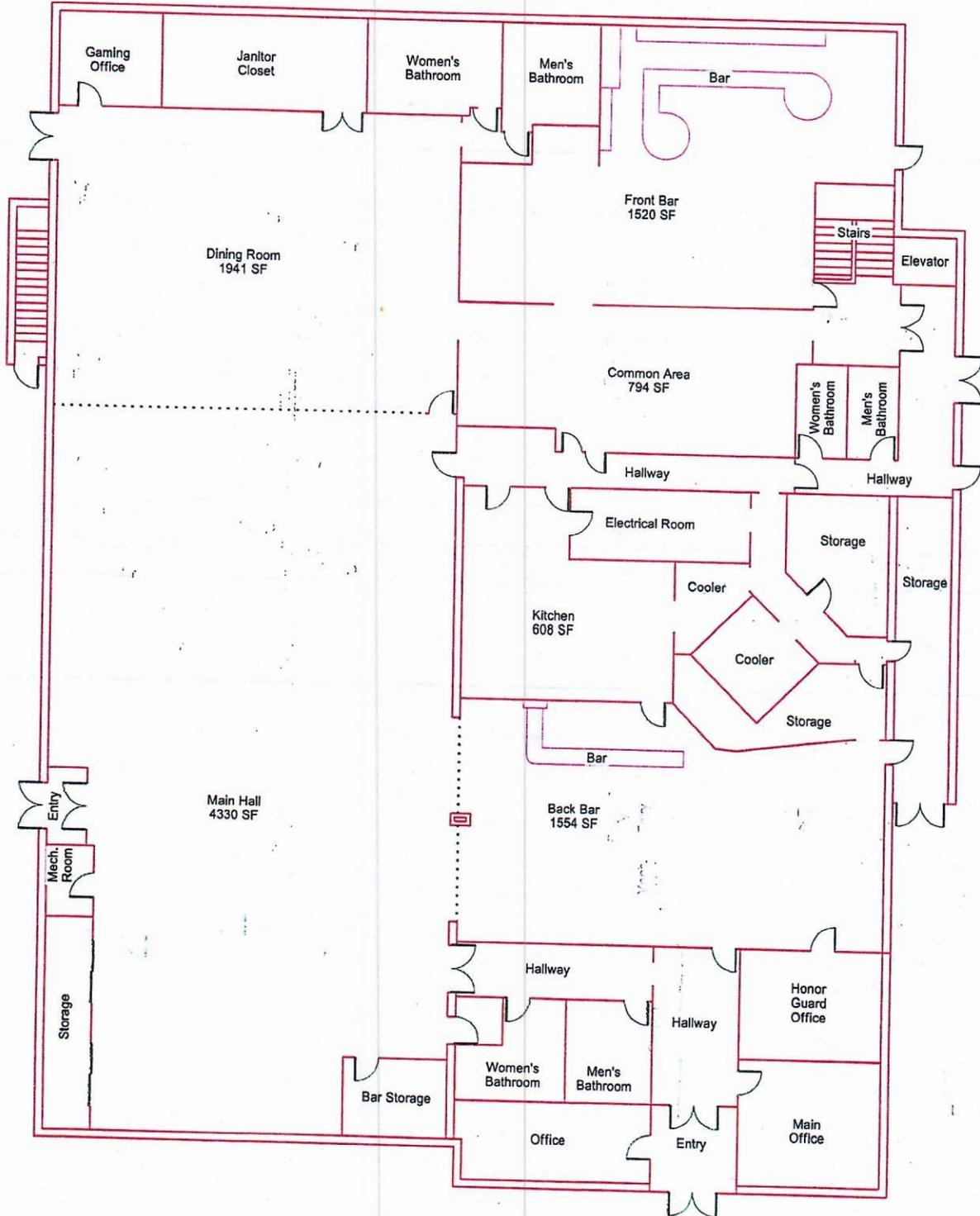
Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

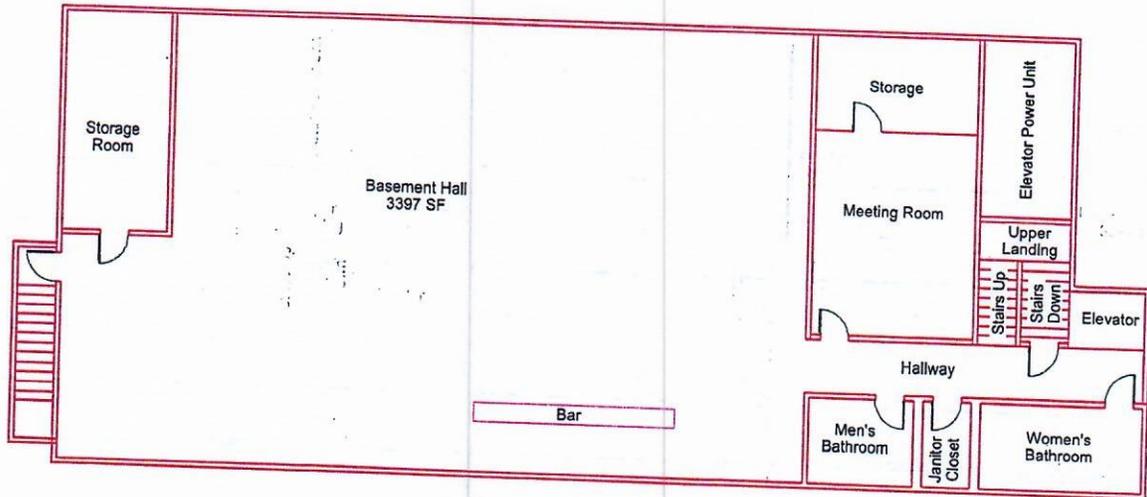
AMVETS Building Layout

2402 Railroad Ave
Bismarck, ND 58501



AMVETS Basement Layout

2402 Railroad Ave
Bismarck, ND 58501



Print

Retail Alcohol Beverage License - Submission #22908

Date Submitted: 5/13/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Bismarck Hotel and Conference Center

Doing Business As (DBA) Name, if Applicable:*

Bismarck Hotel and Conference Center

Date of Incorporation:*

03/22/2022

State of ND Liquor License No.:

ND

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

800 S 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

8018152336

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Contact Information (Where correspondence is to be sent):

Primary Contact:*

WEISHAN JIN

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Manager's Name:*

WEISHAN JIN

Date of Birth:*

[REDACTED]/1958

Percentage of Ownership:*

100

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MT

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

ADMINISTOR

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:

Date of Birth:

Percentage of Ownership:

weishan Jin

weishan jin

[Redacted]/1958

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MT

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Member

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

weishan Jin

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Empty text box for explanation]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box for convictions]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Please see the map on file from the previous application.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

weishan jin

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/13/2024

Electronic Signature

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300 ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

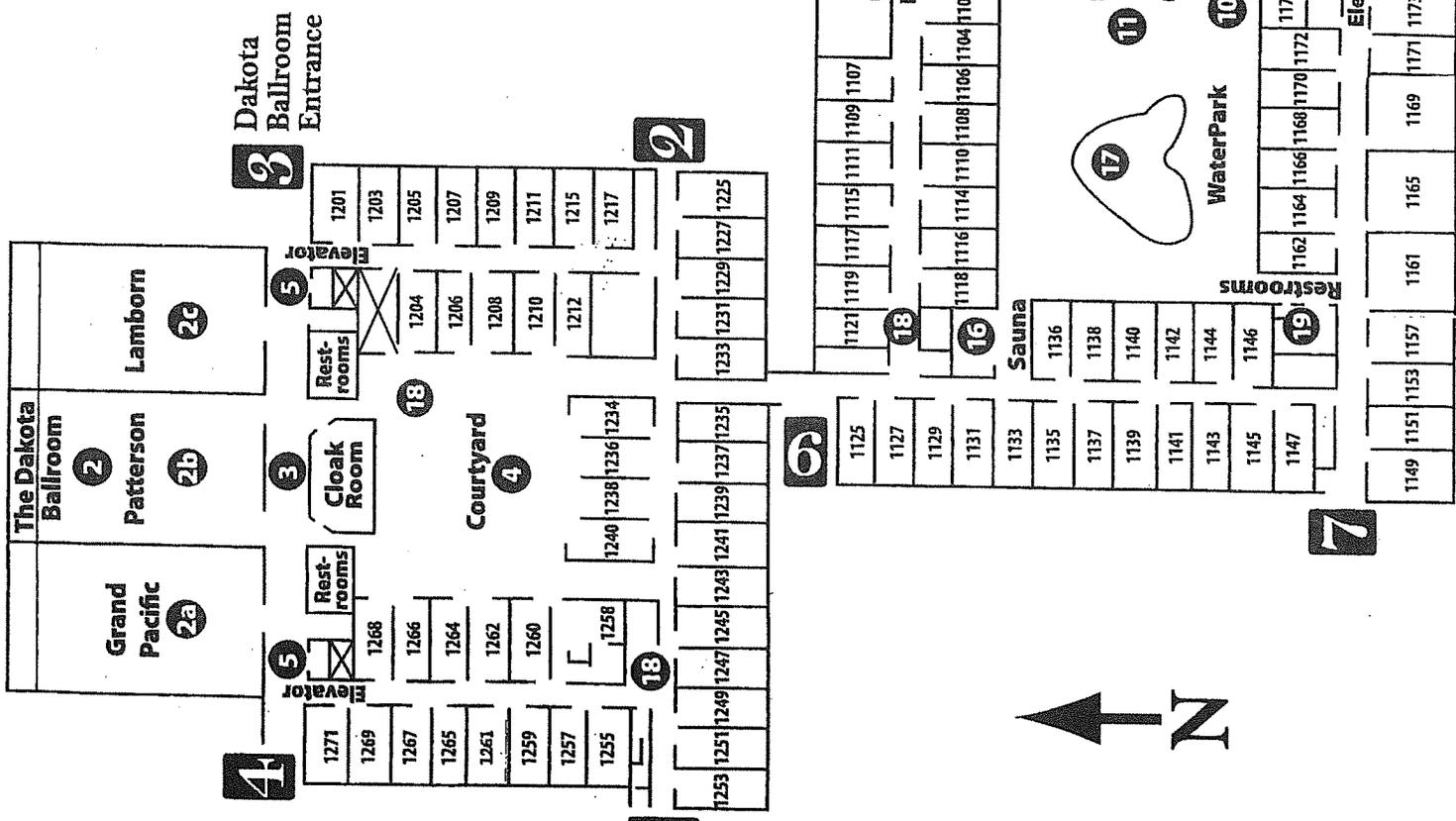
[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

1ST FLOOR VIEW



GUEST SERVICE MAP

- 1. The Missouri Room
- 1a. Heart
- 1b. Sheyenne
- 1c. Cannonball
- 2. The Dakota Ballroom
- 2a. Grand Pacific
- 2b. Patterson
- 2c. Lamborn
- 3. Cloak Room
- 4. Courtyard
- 5. Elevators
- 6. Business Center
- 7. Front Desk (Room Registration)
- 8. Governor's Room
- 9. Lobby
- 10. Game Room
- 11. Exercise Room
- 12. Nickels Lounge & Casino
- 13. Restaurant
- 14. Administrative Offices
- 15. Sales & Catering Office
- 16. Sauna
- 17. Waterpark
- 18. Pop/Ice
- 19. Restrooms



BISMARCK HOTEL
AND CONFERENCE CENTER

800 S Third Street
Bismarck, ND

701-258-7700

Fax: (701) 224-8212

701-660-8063



Print

Retail Alcohol Beverage License - Submission #22976

Date Submitted: 5/17/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Blarney Stone Pub, LLC

Doing Business As (DBA) Name, if Applicable:*

Blarney Stone Pub

Date of Incorporation:*

02/24/2009

State of ND Liquor License No.:

AA-02553

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

408 E Main Ave.

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

(701)751-7512

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Chad Wachter

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Tim Conover

Email Address:*

[Redacted]

Mailing Address:*

408 E Main Ave.

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Manager's Name:*

Tim Conover

Date of Birth:*

[Redacted]/1983

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

nd

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

General Manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

James Poolman

Date of Birth:*

[Redacted]/1970

Percentage of Ownership:*

45%

Driver's License No.:*

[Redacted]

State Issued:*

nd

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Pres

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Chad Wachter

[REDACTED]/1973

30%

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

nd

[REDACTED]

[REDACTED]

Home Address:

[REDACTED]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[REDACTED]

Officer/Director/Stockholder Title:

Email Address:

Vice President

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Dustin Hollevoet

[REDACTED]/1981

25%

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

nd

[REDACTED]

[REDACTED]

Home Address:

[Redacted Home Address]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted Phone Number]

Officer/Director/Stockholder Title:

Secretary

Email address:

[Redacted Email Address]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Empty text box for explanation]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box for convictions]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Blarney Stone Pub - Fargo LLC (Fargo, ND),
 Blarney Stone Pub SF LLC (Sioux Falls, SD),
 Blarney Stone Pub HD LLC (Fargo, ND) & Domain (Bis.)

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Sale of beer, food sales

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Blarney Stone Bismarck Floor Plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Chad Wachter

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/17/2024

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications).

Credit Card

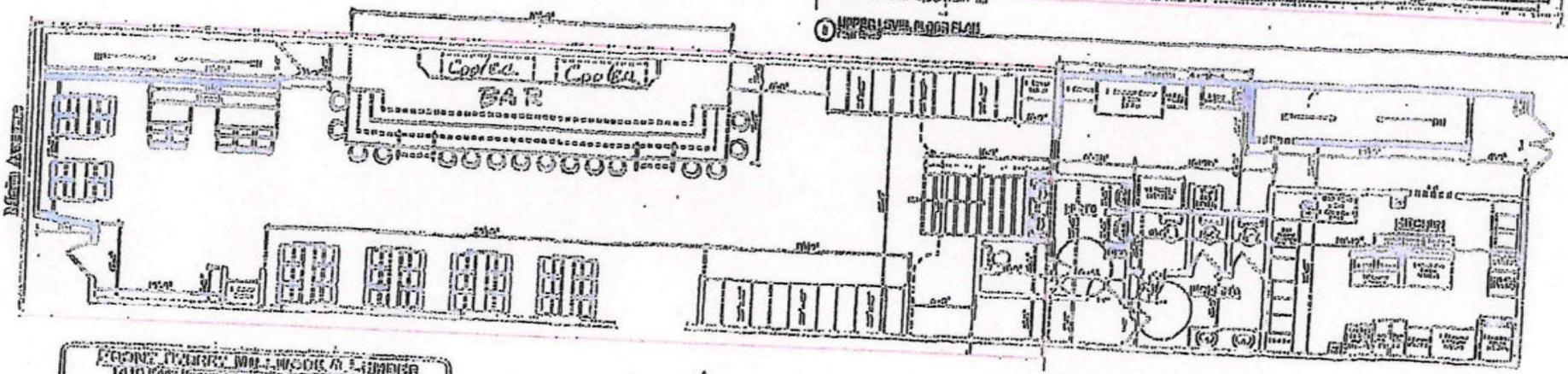
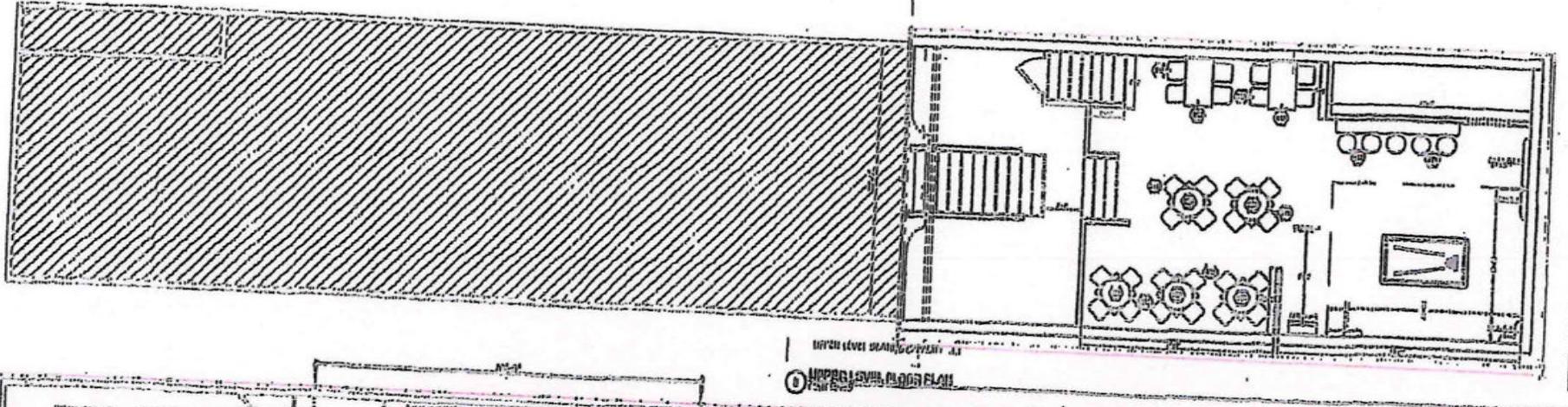
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

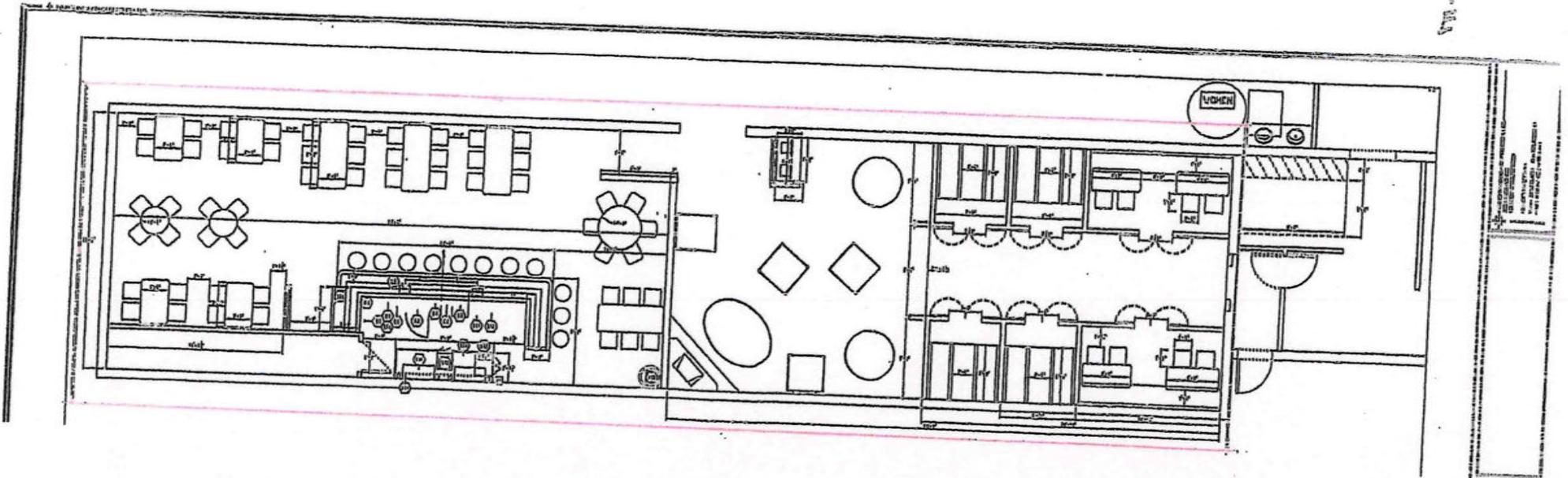


KONG TRAFFIC WILL ISSUE A PERMIT
 TO ENTER UNDER AVENUE - BROADWAY, 400 5000
 PHONE: (701) 480-1000 FAX: (701) 480-0000
 EMAIL: INFO@KONGTRAFFIC.COM

Scale:	DATE:	PROJECT:
1/8" = 1'	1-28-2000	BIANEY STONE PUB
Author:	DATE CHANGED:	
JUNE 11, 2000	06-11-00 REMOVAL	
CAVALIERO HOMES		

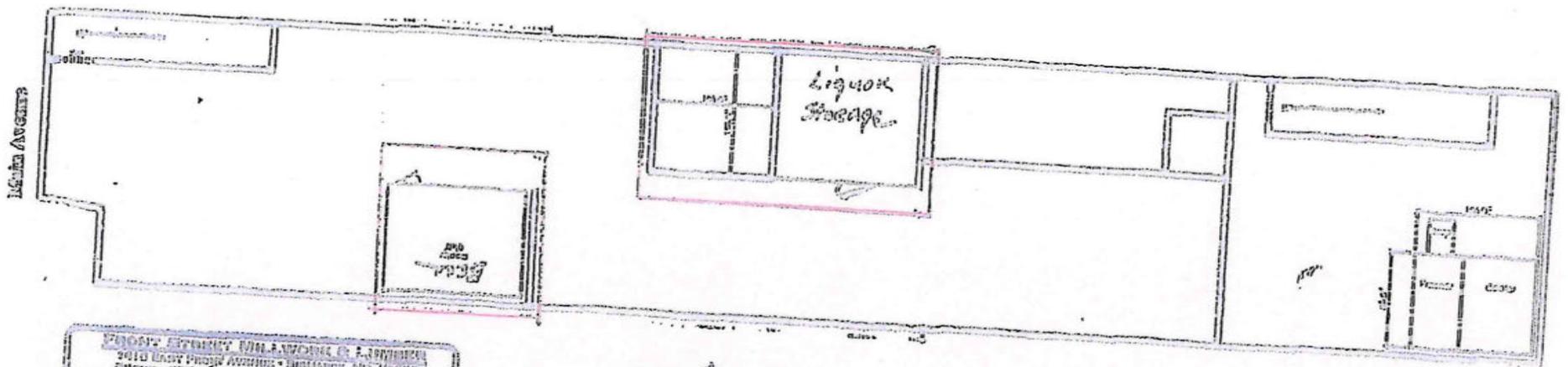

 Bianey Stone Pub
 400 E Main Ave
 Bismarck, ND

SCALE: 1/8" = 1'
 DATE: 1-28-2000
 PROJECT: BIANEY STONE PUB
 AUTHOR: JUNE 11, 2000
 DATE CHANGED: 06-11-00 REMOVAL



Blarney Stone Pub
408 E Main Ave
Bismarck, ND 58501

Basement



PROJECT: BIRNEY PUB RENOVATION
 400 E MAIN AVENUE - BISMARCK, ND 58101
 PHONE: 701-252-1000 - FAX: 701-252-0000
 EMAIL: BIRNEY@BIRNEYARCHITECTS.COM

SCALE:	DATE:	PROJECT:
1/8" = 1'	1-18-2008	BIRNEY RENOVATION
PROJECT:	DATE:	PROJECT:
JUNE 11, 2008	08-100 RENOV.	
DESIGNED BY:	CAVALIERE MORNO	


 Birney Stone Pub
 400 E Main Ave
 Bismarck, ND

Print

Retail Alcohol Beverage License - Submission #22848

Date Submitted: 5/9/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

W&P of Bismarck, LLC

Doing Business As (DBA) Name, if Applicable:*

Buffalo Wild Wings

Date of Incorporation:*

11/19/2003

State of ND Liquor License No.:

AA-02036

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

3420 14th St N

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-751-2568

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Dean Bachmeier - VP Operations

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Todd LaHaise

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Fargo

State:*

ND

Zip:*

58102

Phone No.:*

[Redacted]

Manager's Name:*

Ryan Lindstrom

Date of Birth:*

[Redacted]/1983

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Bismarck

State:*

North Dakota

Zip:*

58501

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Regional Manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Todd LaHaise

Date of Birth:*

[Redacted]

Percentage of Ownership:*

50

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Fargo

State:*

ND

Zip:*

58102

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Managing Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Susan LaHaise

[Redacted]/1968

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Female

Caucasian

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Fargo

ND

58102

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Managing Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Empty text box for explanation]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box for convictions]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Liquor license interest in other Buffalo Wild Wings in Bismarck, Fargo and Grand Forks in ND, Moorhead MN as well as Sioux Falls, Brookings, Watertown and Aberdeen SD.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Buffalo+Wild+Wings+Return+Summary+33922400.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck 2 EQ1 for City liquor renewal.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Todd LaHaise

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/9/2024

Electronic Signature

Payment Options:*

Check By Mail



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

09-May-2024

Return Summary

Account ID: 339224 00
Taxpayer: BUFFALO WILD WINGS
Beginning Period: 01-Jan-2023
Ending Period: 31-Dec-2023

		Column A	Column B	Total
		ALCOHOL	SALES	
Line 1	Total Sales	\$1,370,608.00	\$3,340,352.00	\$4,710,960.00
Line 2	Total Exempt Sales	\$0.00	\$333,648.00	\$333,648.00
Line 3	Items Subject to Use Tax	\$0.00	\$0.00	\$0.00
Line 4	Amount Taxable	\$1,370,608.00	\$3,006,704.00	\$4,377,312.00
Line 5	State Tax	\$95,942.56	\$150,335.20	\$246,277.76
Line 6	Total State Tax			\$246,277.76
Line 7	Compensation Discount			\$1,320.00
Line 8	Net State Tax			\$244,957.76
Line 12	Net Local Option Tax			\$85,889.77

Print

Retail Alcohol Beverage License - Submission #22846

Date Submitted: 5/9/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

W&P of Bismarck, LLC

Doing Business As (DBA) Name, if Applicable:*

Buffalo Wild Wings

Date of Incorporation:*

11/29/2003

State of ND Liquor License No.:

AA-02142

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

218 S 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-323-9464

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Dean Bachmeier - VP Operations

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Todd LaHaise

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Fargo

State:*

ND

Zip:*

58102

Phone No.:*

[Redacted]

Manager's Name:*

Ryan Lindstrom

Date of Birth:*

[Redacted]/1983

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Regional Manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Todd LaHaise

Date of Birth:*

[Redacted]/1964

Percentage of Ownership:*

50

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Fargo

State:*

ND

Zip:*

58102

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Managing Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Susan LaHaise

[Redacted]/1968

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Female

Caucasian

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Fargo

ND

58102

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Managing Partner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Empty text box for explanation]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box for convictions]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Liquor license interest in other Buffalo Wild Wings in Bismarck, Fargo and Grand Forks in ND, Moorhead MN as well as Sioux Falls, Brookings, Watertown and Aberdeen SD.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Lahaise+Management+Return+Summary+17500000.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck 1 EQ1 for City Liquor renewal.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Todd LaHaise

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/9/2024

Electronic Signature

Payment Options:*

Check By Mail



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

09-May-2024

Return Summary

Account ID: ██████████
Taxpayer: LAHAISE MANAGEMENT LLC
Beginning Period: 01-Jan-2023
Ending Period: 31-Dec-2023

		Column A	Column B	Total
		ALCOHOL	SALES	
Line 1	Total Sales	\$738,085.00	\$2,994,564.00	\$3,732,649.00
Line 2	Total Exempt Sales	\$0.00	\$517,345.00	\$517,345.00
Line 3	Items Subject to Use Tax	\$0.00	\$0.00	\$0.00
Line 4	Amount Taxable	\$738,085.00	\$2,477,219.00	\$3,215,304.00
Line 5	State Tax	\$51,665.95	\$123,860.95	\$175,526.90
Line 6	Total State Tax			\$175,526.90
Line 7	Compensation Discount			\$1,320.00
Line 8	Net State Tax			\$174,206.90
Line 12	Net Local Option Tax			\$62,823.92



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/6/2024

License Type:				
	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6: Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input checked="" type="checkbox"/> \$4,100
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:				
Legal Business Name: Coborn's, Incorporated		Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00	
Doing Business As (DBA) Name, if Applicable: Captain Jack's #7046		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: 808 S Second St	City: Bismarck	State: ND	Zip: 58504	Phone Number: 701-223-6546
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Joyce Schmidt		Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146		City: St. Cloud	State: MN	Zip: 56302

Manager's Name: Marvin Sitter		Date of Birth: [REDACTED] / 1972	Percentage of Ownership: 0	
Driver's License Number: [REDACTED]		State Issued: ND	Gender: M	Race: C
Home Address: [REDACTED]		City: Bismarck	State: ND	Zip: 58503
Occupation: Mgmt	Phone Number: [REDACTED]	Title: Liquor Mgr	Email Address: [REDACTED]	

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED] 1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED] 1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED] 1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED] 1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]	City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?

Yes No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years?

Yes No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended?

Yes No

If yes, please give details:

5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously?

Yes No

If yes, please give details:

6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied?

Yes No

If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?

Yes No

If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?

Yes No

If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota?

Yes No

If yes, please give details:

see attached

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?

Yes No

If yes, please give details:

11. Have all property taxes and special assessments currently due been paid?

Yes No

If no, please give details:

Signature:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.



Signature of Applicant

5/6/24

Date

James Shaw, EVP, CFO

Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2024 COBORN'S LIQUOR
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HURON, SD 57350
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(651) 437-9430
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Marquette, MI 49855
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach, Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot, ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

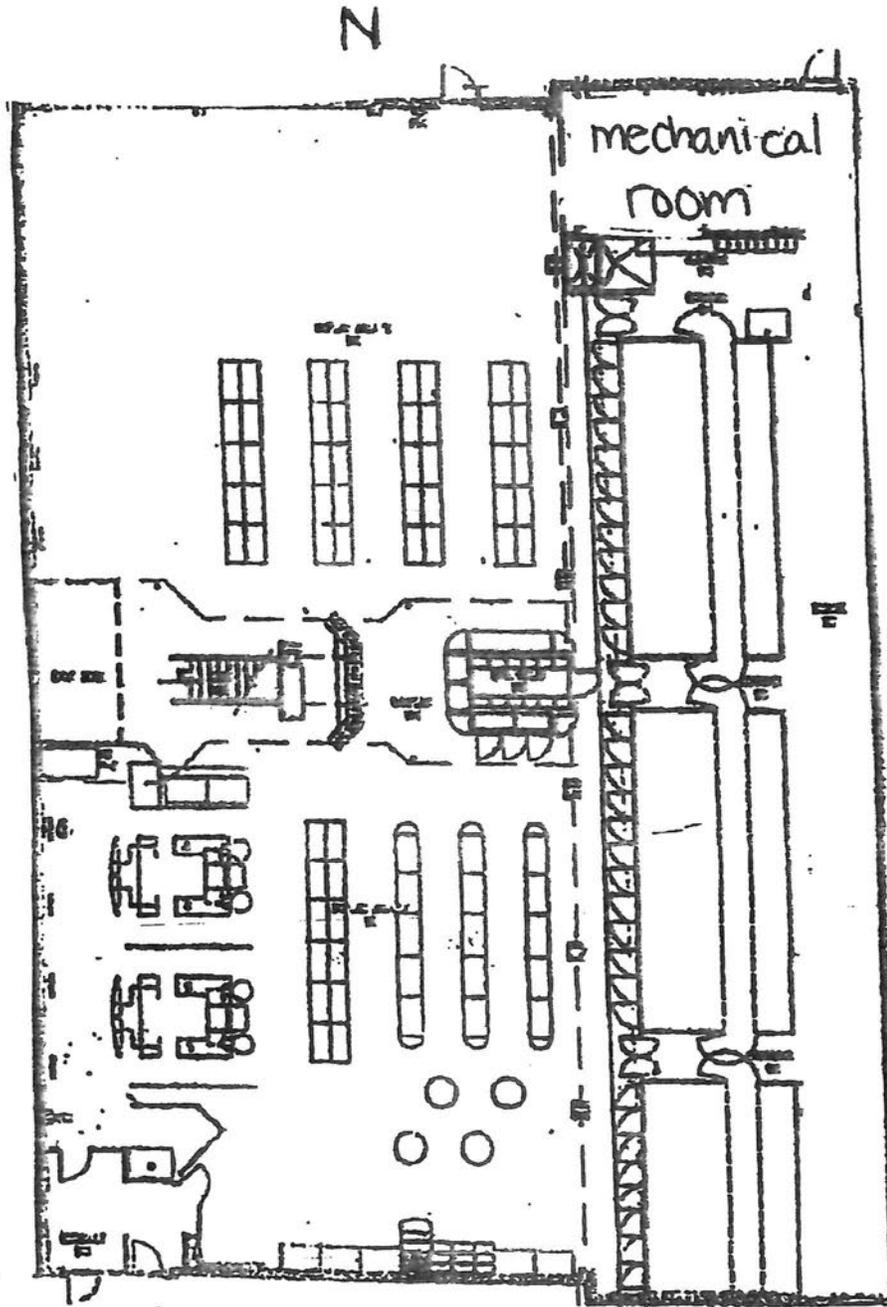
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be be identified.

Site Diagram



CAPTAIN JACK'S 7046



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/6/2024

License Type:				
	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6 : Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input checked="" type="checkbox"/> \$4,100
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name: Coborn's, Incorporated		Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00
Doing Business As (DBA) Name, if Applicable: Captain Jack's #7047		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 3131 Weiss Ave	City: Bismarck	State: ND	Phone Number: 701-223-5113
Zip: 58504			
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw			

Contact Information (Where correspondence is to be sent):

Primary Contact: Joyce Schmidt	Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146	City: St. Cloud	State: MN	Zip: 56302

Manager's Name: Ryan Mertz		Date of Birth: ██████ 1975	Percentage of Ownership: 0
Driver's License Number: ████████████████████		State Issued: ND	Gender: M
Home Address: ████████████████████		City: Bismarck	Race: C
Occupation: Mgmt		State: ND	Zip: 58503
Phone Number: ████████████████	Title: Liquor Mgr	Email Address: ████████████████████	

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED]/1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED]/1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED]/1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED]/1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]	City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?

Yes No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years?

Yes No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended?

Yes No

If yes, please give details:

5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously?

Yes No

If yes, please give details:

6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied?

Yes No

If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?

Yes No

If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?

Yes No

If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota?

Yes No

If yes, please give details:

see attached

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?

Yes No

If yes, please give details:

11. Have all property taxes and special assessments currently due been paid?

Yes No

If no, please give details:

Signature:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.



Signature of Applicant

5/6/24

Date

James Shaw, EVP, CFO

Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Public

My Commission Expires

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FAX: (320) 968-7059*

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HURON, SD 57350
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FAX: (320) 258-4946

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FAX: (763) 441-3077

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(715) 483-54024

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(715) 235-4201

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(906) 226-3500

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Clintonville, WI 54929
(715) 823-5147

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach, Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot, ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

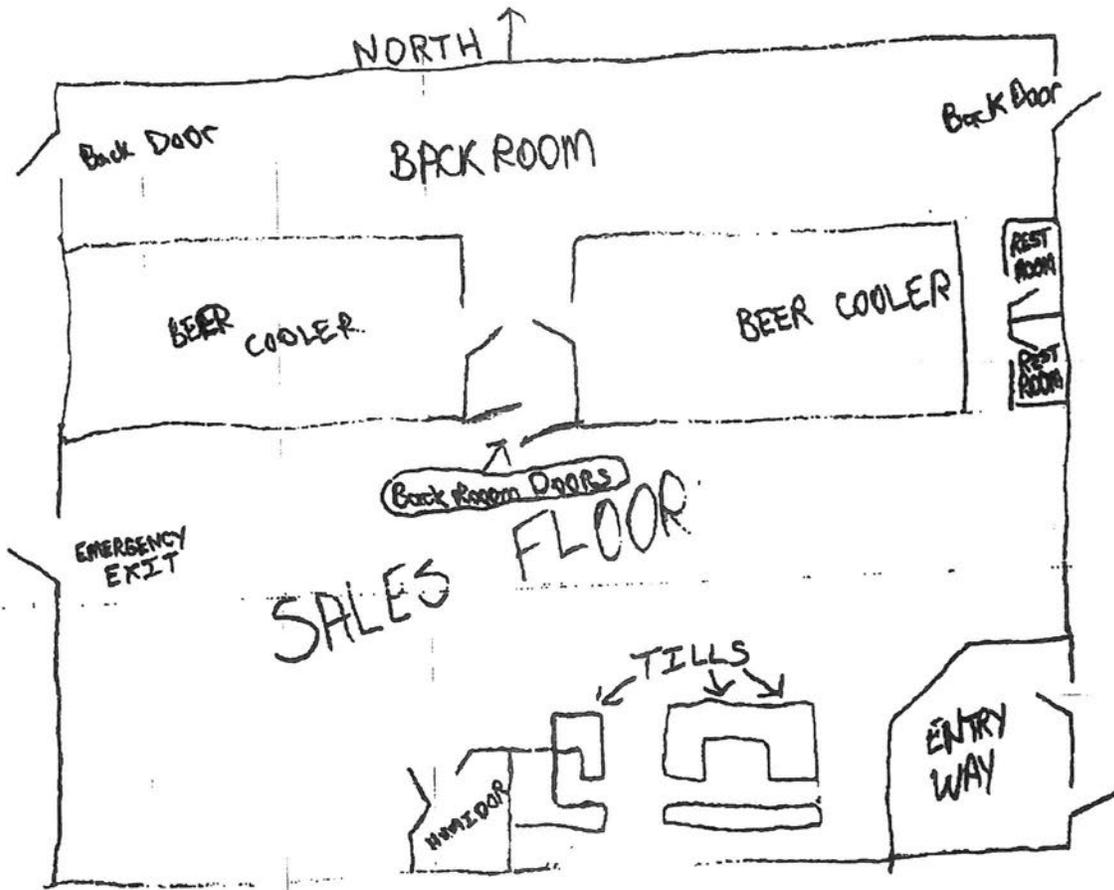
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram



CAPTAIN JACK'S

Print

Retail Alcohol Beverage License - Submission #22796

Date Submitted: 5/5/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Coco Nails & Spa

Doing Business As (DBA) Name, if Applicable:*

Coco nails & Spa

Date of Incorporation:*

5-1-2020

State of ND Liquor License No.:

LIQ2024-005

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

820 43rd Ave suite 116

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-805-6933

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Randy Smid- owner

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Randy Smid

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Manager's Name:*

Randy Smid

Date of Birth:*

[REDACTED]-1973

Percentage of Ownership:*

100

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Owner

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Randy Smid

Date of Birth:*

[Redacted] 1973

Percentage of Ownership:*

100

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

IMG.jpeg

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Randy Smid

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/5/2024

Electronic Signature

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300 ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

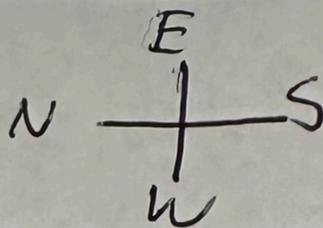
[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

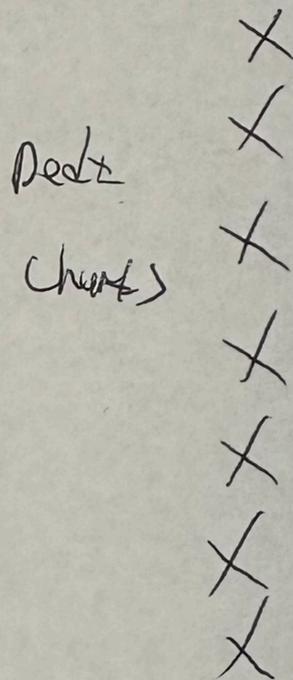
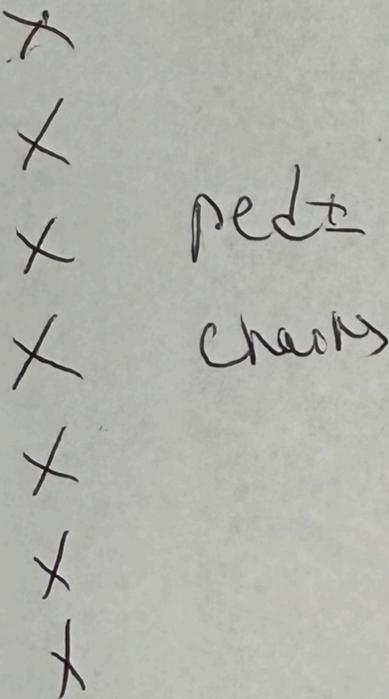
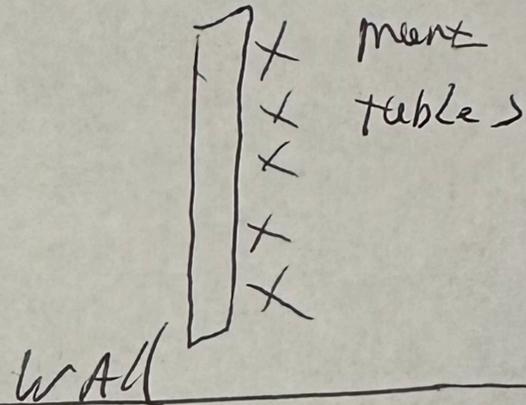
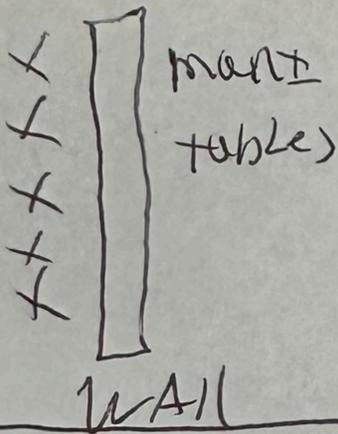
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Entrance

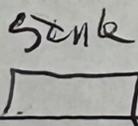


Front Desk

Wall



Complimentary Area



Sink



Storage Area

Bath Room

Break Room

Fettit



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/6/2024

License Type:		<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650	
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6 : Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input checked="" type="checkbox"/> \$4,100	
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800	
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350		

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:				
Legal Business Name: Coborn's, Incorporated			Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00
Doing Business As (DBA) Name, if Applicable: Cash Wise Liquor #3020			If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 1144 Bismarck Exp	City: Bismarck	State: ND	Zip: 58504	Phone Number: 701-223-8771
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Joyce Schmidt		Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146	City: St. Cloud	State: MN	Zip: 56302-6146	

Manager's Name: Kevin Kyes		Date of Birth: ██████/1971	Percentage of Ownership: 0	
Driver's License Number: ████████████████████		State Issued: ND	Gender: M	Race: C
Home Address: ████████████████████		City: Bismarck	State: ND	Zip: 58503
Occupation: Mgmt	Phone Number: ████████████████	Title: Liquor Manager	Email Address: ████████████████████	

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED]/1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]		City: Plymouth	State: MN
		Zip: 55442	
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED]/1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]		City: St. Cloud	State: MN
		Zip: 56301	
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED]/1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]		City: Edina	State: MN
		Zip: 55424	
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED]/1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]		City: Sioux Falls	State: SD
		Zip: 57103	
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
--	------------------------

2. Have any of the persons listed above been convicted of any crime within the past five years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
--	--

3. Does the building meet all state and local sanitation and safety requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details: see attached
---	---

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

11. Have all property taxes and special assessments currently due been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:
---	-----------------------------

Signature:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.



Signature of Applicant

5/6/24

Date

James Shaw, EVP, CFO

Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

day of _____

County of

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2047 COBORN'S LIQUOR
15700 88TH ST NE
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(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2583 MARKETPLACE FOODS
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(715) 634-8996

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701-282-5555

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Bismarck, ND 58504-5720
(701) 223-6546

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3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

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1140 W Turnpike Avenue
Bismarck, ND 58501-8114
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2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

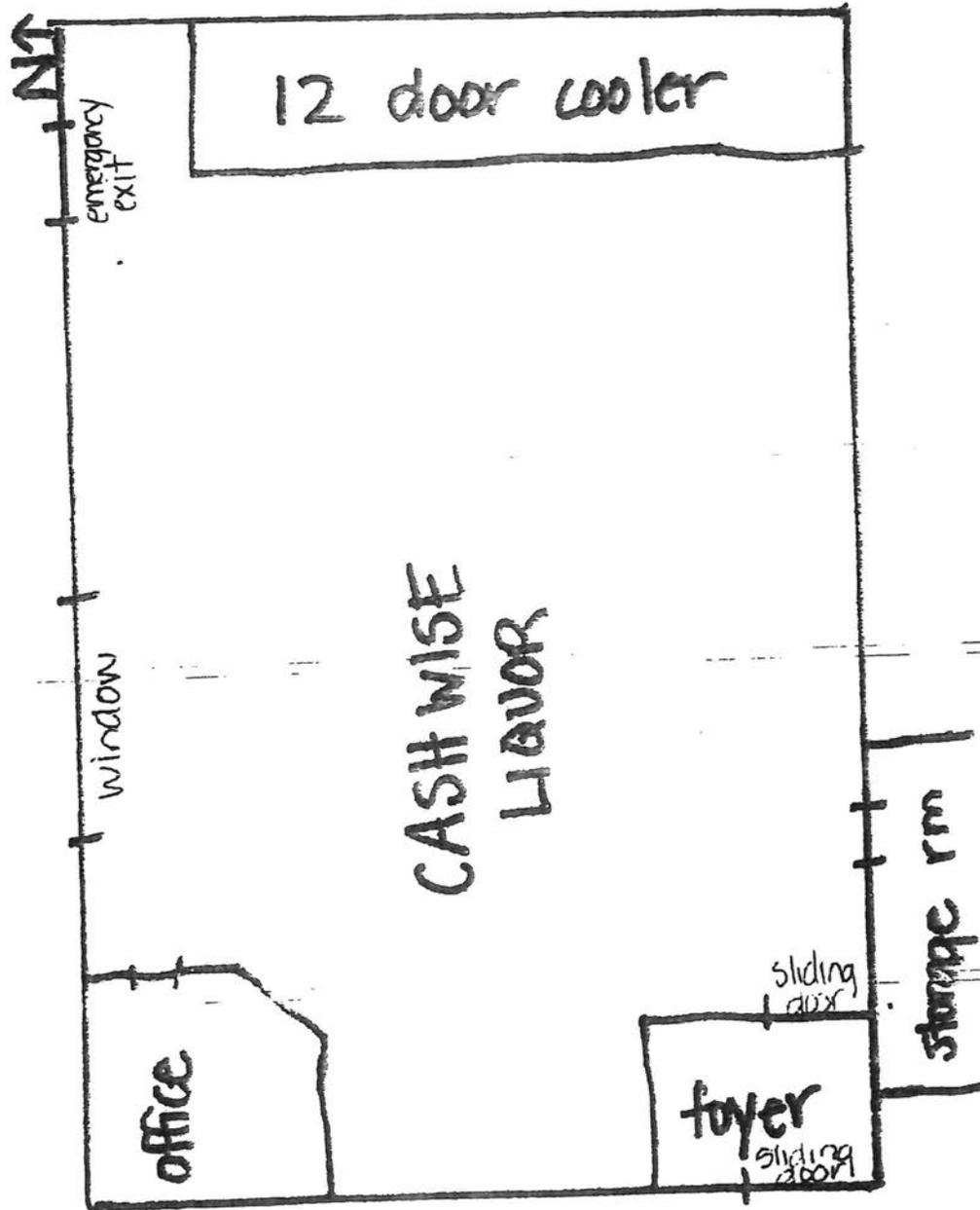
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

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217 Chicago Ave
Savanna, IL 61074
815-273-7739

Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram





APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/6/2024

License Type:				
	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6 : Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input checked="" type="checkbox"/> \$4,100
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:				
Legal Business Name: Coborn's, Incorporated			Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00
Doing Business As (DBA) Name, if Applicable: Cash Wise Liquor #3051			If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 900 NE 43rd Ave	City: Bismarck	State: ND	Zip: 58503	Phone Number: 701-223-6617
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Joyce Schmidt		Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146		City: St. Cloud	State: MN	Zip: 56302

Manager's Name: Tammy Orvik		Date of Birth:	Percentage of Ownership:	
Driver's License Number: [REDACTED]		State Issued: ND	Gender: F	Race: C
Home Address: [REDACTED]		City: Mandan	State: ND	Zip: 58554
Occupation: Mgmt	Phone Number: [REDACTED]	Title: Liquor Mgr	Email Address: [REDACTED]	

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED]/1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]		City: Plymouth	State: MN
		Zip: 55442	
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED]/1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]		City: St. Cloud	State: MN
		Zip: 56301	
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED]/1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]		City: Edina	State: MN
		Zip: 55424	
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED]/1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]		City: Sioux Falls	State: SD
		Zip: 57103	
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
--	------------------------

2. Have any of the persons listed above been convicted of any crime within the past five years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
--	--

3. Does the building meet all state and local sanitation and safety requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No
--

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details: see attached
---	---

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

11. Have all property taxes and special assessments currently due been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:
---	-----------------------------

Signature:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.



Signature of Applicant

5/6/24

Date

James Shaw, EVP, CFO

Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

day of _____

County of

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
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(320) 632-3365
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1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
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202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
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Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

#241 SULLIVAN'S FOODS
201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

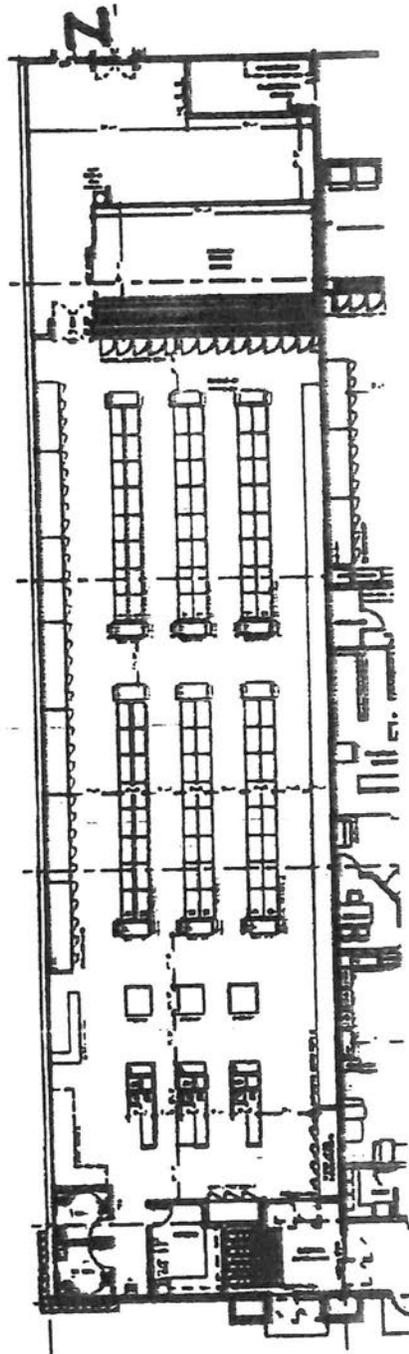
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram



SITE DIAGRAM

CASH WISE
LIQUOR



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED 2/6/2024

License Type:				
	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6 : Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input checked="" type="checkbox"/> \$4,100
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name: Coborn's, Incorporated		Date of Incorporation: 12/15/1958	State Business ID Number: 281983 00
Doing Business As (DBA) Name, if Applicable: Captain Jack's #7048		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 1140 W Turnpike Ave	City: Bismarck	State: ND	Zip: 58504
		Phone Number: 701-751-4418	
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): James Shaw			

Contact Information (Where correspondence is to be sent):

Primary Contact: Joyce Schmidt	Phone Number: 320-203-6218	Email Address: lic.info@cobornsinc.com	
Mailing Address: PO Box 6146	City: St. Cloud	State: MN	Zip: 56302

Manager's Name: Randy Himmelspach		Date of Birth: [REDACTED]/1964	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: C
Home Address: [REDACTED]	City: Mandan	State: ND	Zip: 58554
Occupation: Mgmt	Phone Number: [REDACTED]	Title: Liquor Mgr	Email Address: [REDACTED]

List all officers or directors of corporation or partners and percentage of ownership:			
Name: James Shaw		Date of Birth: [REDACTED]/1968	Percentage of Ownership: <1%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Plymouth	State: MN	Zip: 55442
Occupation: Exec	Phone Number: [REDACTED]	Title: CFO	Email Address: [REDACTED]

Name: Christopher Coborn		Date of Birth: [REDACTED]/1959	Percentage of Ownership: 11.95%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: St. Cloud	State: MN	Zip: 56301
Occupation: Exec	Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]

Name: David Best		Date of Birth: [REDACTED]/1978	Percentage of Ownership: 0%
Driver's License Number: [REDACTED]	State Issued: MN	Gender: M	Race: C
Home Address: [REDACTED]	City: Edina	State: MN	Zip: 55424
Occupation: Exec	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Mark Coborn		Date of Birth: [REDACTED]/1962	Percentage of Ownership: 18.28%
Driver's License Number: [REDACTED]	State Issued: SD	Gender: M	Race: C
Home Address: [REDACTED]	City: Sioux Falls	State: SD	Zip: 57103
Occupation: Retired	Phone Number: [REDACTED]	Title:	Email Address: [REDACTED]

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?

Yes No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years?

Yes No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended?

Yes No

If yes, please give details:

5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously?

Yes No

If yes, please give details:

6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied?

Yes No

If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?

Yes No

If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?

Yes No

If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota?

Yes No

If yes, please give details:

see attached

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?

Yes No

If yes, please give details:

11. Have all property taxes and special assessments currently due been paid?

Yes No

If no, please give details:

Signature:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.



Signature of Applicant

5/6/24

Date

James Shaw, EVP, CFO

Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Public

My Commission Expires

COBORN'S LIQUOR

#2002 (6036) COBORN'S LIQUOR
141 GLEN ST
FOLEY, MN 56329
(320) 968-8650
FAX: (320) 968-7059*

#2024 COBORN'S LIQUOR
2150 DAKOTA AVE S
HURON, SD 57350
(605) 352-6036*
FAX: (605) 352-8304*

#2032 (6035) COBORN'S LIQUOR
1710 Pine Cone Road, Suite #100
SARTELL, MN 56377
(320) 258-4945
FAX: (320) 258-4946

#2037 (6040) COBORN'S LIQUOR
225 W 33rd ST
HASTINGS, MN 55033
(651) 437-9430
FAX: (651) 437-9430**

#2042 (6043) COBORN'S LIQUOR
1014 EAST ENTERPRISE DRIVE
BELLE PLAINE, MN 56011
(952) 873-2606
FAX: (952) 873-2606**

#2006 (6033) COBORN'S LIQUOR
1113 FIRST AVENUE NE
LITTLE FALLS, MN 56345
(320) 632-3365
FAX: (320) 632-3365**

#2025 COBORN'S LIQUOR
1800 NORTH MAIN
MITCHELL, SD 57301
(605) 996-5593*
FAX: (605) 996-7651*

#2033 (6039) COBORN'S LIQUOR
7880 Sunwood Dr NW
RAMSEY, MN 55303
(763) 323-1382
FAX: (763) 323-1382**

#2038 (6041) COBORN'S LIQUOR
202 ALTON AVENUE SE
NEW PRAGUE, MN 56071
(952) 758-4577
FAX: (952) 758-4577**

#2043 (6044) COBORN'S LIQUOR
105 EAST MAIN STREET
MELROSE, MN 56362
(320) 256-4450
FAX: (320) 256-7774

#2008 (6034) COBORN'S LIQUOR
715 COUNTY RD 75
CLEARWATER, MN 55320
(320) 558-6761
FAX: (320) 558-6761**

#2029 (6038) COBORN'S LIQUOR
5600 LaCENTRE AVE, Ste 114
ALBERTVILLE, MN 55301
(763) 497-2831
FAX: (763) 497-5812*

#2035 (6030) COBORN'S LIQUOR
890 COOPER AVENUE SOUTH
ST. CLOUD, MN 56301
(320) 252-8340
FAX: (320) 240-0655*

#2039 (6042) COBORN'S LIQUOR
1500 ELM STREET E #2
ST JOSEPH, MN 56374
(320) 363-0018
FAX: (320) 363-0018**

#2047 COBORN'S LIQUOR
15700 88TH ST NE
OTSEGO, MN 55330
(763) 328-1702
FAX: (763) 441-3077

MARKETPLACE FOODS LIQUOR

#2580 MARKETPLACE FOODS
330 S Main Street
Rice Lake, WI 54868
(701) 234-6991

#2583 MARKETPLACE FOODS
10514 S Main Street
Hayward, WI 54843
(715) 634-8996

#2752 TADYCH'S MARKETPLACE FOODS
1600 S Stephenson Ave
Iron Mountain, MI 49801
(906) 774-1911

#2755 TADYCH'S MARKETPLACE FOODS
109 S Main St
Brillion, WI 54110
(920) 756-2010

#2581 MARKETPLACE FOODS
2191 US Hwy 8
St. Crois Falls, WI 54024
(715) 483-54024

#2750 TADYCH'S MARKETPLACE FOODS
1250 N 14th Ave
Sturgeon Bay, WI 54235
(920) 743-8896

#2753 TADYCH'S MARKETPLACE FOODS
1000 W Sharon Ave
Houghton, MI 49931
(906) 487-9675

#2582 MARKETPLACE FOODS
207 Pine Avenue West
Menomonie, WI 54751
(715) 235-4201

#2751 TADYCH'S MARKETPLACE FOODS
1401 O'Dovero Dr
Marquette, MI 49855
(906) 226-3500

#2754 TADYCH'S MARKETPLACE FOODS
278 S Main St
Clintonville, WI 54929
(715) 823-5147

HORNBACHER'S WINE & SPIRITS

#2690 HORNBACHER'S WINE & SPIRITS
2050 Sheyenne St
West Fargo, ND 58078
701-282-5555

#7054 HORNBACHER'S WINE & SPIRITS
4265 45th St S #121
Fargo, ND 58104
701-364-2337

ANDY'S LIQUOR

#7056 ANDY'S LIQUOR
1201 S Broadway, Ste 56
Rochester, MN 55902
507-289-0777

CAPTAIN JACK'S LIQUOR LAND

#7046 CAPTAIN JACK'S
808 S 2nd Street
Bismarck, ND 58504-5720
(701) 223-6546

#7047 CAPTAIN JACK'S
3131 Weiss Avenue
Bismarck, ND 58503-1200
Ryan Mertz, Mgr

#7048 CAPTAIN JACK'S
1140 W Turnpike Avenue
Bismarck, ND 58501-8114
Randy Himmelspach, Mgr

#7049 CAPTAIN JACK'S
101 6th Avenue NE
Mandan, ND 58554-3529
(701) 663-2510

CASH WISE LIQUOR

#3004 (7032) CASH WISE LIQUOR
1305 S First St
Willmar, MN 56201
(320) 235-8797
FAX: (320) 235-5999

#3014 (7037) CASH WISE LIQUOR
495 W North St
Owatonna, MN 55060
(507) 451-8440
FAX: (507) 455-6700

#3042 CASH WISE LIQUOR
113 6th Avenue SE, Suite #5100
Watford City, ND 58854
(701) 842-2519
FAX: (701) 842-6126

#3045 CASH WISE LIQUOR
755 33rd Ave E
West Fargo, ND 58078
(701) 281-6487
Fax:

#3048 Cash Wise Liquor
802 N Elm Street
Tioga, ND 58852
(701) 664-5303
FAX:(701) 654-5303*

#7036 CASH WISE LIQUOR
14092 Edgewood Dr
Baxter, MN 56425
(218) 829-9286
FAX: (218) 829-4809

#7043 CASH WISE LIQUOR
310 Central Ave E
St. Michael, MN 55376
(763) 497-0659
FAX: (763) 497-0739

#7052 CASH WISE LIQUOR
4985 Timber Parkway S
Fargo, ND 58104
701-232-2219

#3009 (7031) CASH WISE LIQUOR
45 2nd Street South
Waite Park, MN 56387-1348
(320) 259-1156
FAX: (320) 259-5161

#3015 (7038) CASH WISE LIQUOR
3310 Hwy 10 E
Moorhead, MN 56560
(218) 236-8081
FAX: (218) 236-8081**

#3043 CASH WISE LIQUOR
3224 16TH Street SW
Minot, ND 58701
(701) 852-4440
FAX: (701) 852-4424*

#3046 CASH WISE LIQUOR
300 11th St W
Williston, ND 58801
(701) 572-9326
FAX: (701) 774-8130

#3049 CASH WISE LIQUOR
410 10th Street S.E.
Jamestown, ND 58401
(701) 252-1527
FAX: (701) 252-1522

#7039 CASH WISE LIQUOR
513 "B" St NE
Brainerd, MN 56401
(218) 828-9003
FAX: (218) 825-0119

#7044 CASH WISE LIQUOR
801 North Nokomis Street NE
Alexandria, MN 56308
(320) 762-2524
FAX: (320) 762-2524 **

#7055 CASH WISE LIQUOR
1226 State Street N
Waseca, MN 56093
507-835-9181

#3013 (7040) CASH WISE LIQUOR
1216 Westridge Rd
New Ulm, MN 56073
(507) 354-7930
FAX: (507) 354-7930**

#3020 CASH WISE LIQUOR
1144 Bismarck Expressway
Bismarck, ND 58504
(701) 258-3564

#3044 Cash Wise Liquor
1761 3rd Avenue West
Dickinson, ND 58601
(701) 225-9752
FAX: (701) 225-9752**

#3047 Cash Wise Liquor
406 Westview Lane
Stanley, ND 58784
(701) 628-2280
FAX: (701) 628-2280*

#3051 CASH WISE LIQUOR
900 NE 43rd Ave
Bismarck, ND 60545
(701) 255-6866
FAX: (701) 223-5998*

#7042 CASH WISE LIQUOR
625 W Central Entrance
Duluth, MN 55811
(218) 722-4507
FAX: (218) 722-4508

#7045 CASH WISE LIQUOR
1414 - 34th Street South
Fargo, ND 58103
(701) 282-2323
FAX: (701) 293-6016

SULLIVAN'S FOODS

#225 SULLIVAN'S FOODS
2002 W Galena Ave
Freeport, IL 61032
815-297-8181

#242 SULLIVAN'S FOODS
202 Lindow Lane
Marengo, IL 60152
815-568-3950

#264 SULLIVAN'S FOODS
125 E Backbone Rd
Princeton, IL 61356
815-879-7351

#279 SULLIVAN'S FOODS
103 W North Ave
Stockton, IL 61085
815-947-3318

#240 SULLIVAN'S FOODS
605 Tenney St
Kewanee, IL 61443
309-853-1600

#245 SULLIVAN'S FOODS
1102 Meriden St
Mendota, IL 61342
815-539-9341

#270 SULLIVAN'S FOODS
101 E Hwy 64
Mt. Morris, IL 61054
815-734-6868

#295 SULLIVAN'S FOODS
703 N Elida St
Winnebago, IL 61088
815-335-1501

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201 Dodds Dr
Lena, IL 61048
815-369-2311

#253 SULLIVAN'S FOODS
300 N Madison St
Morrison, IL 61270
815-772-4696

#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

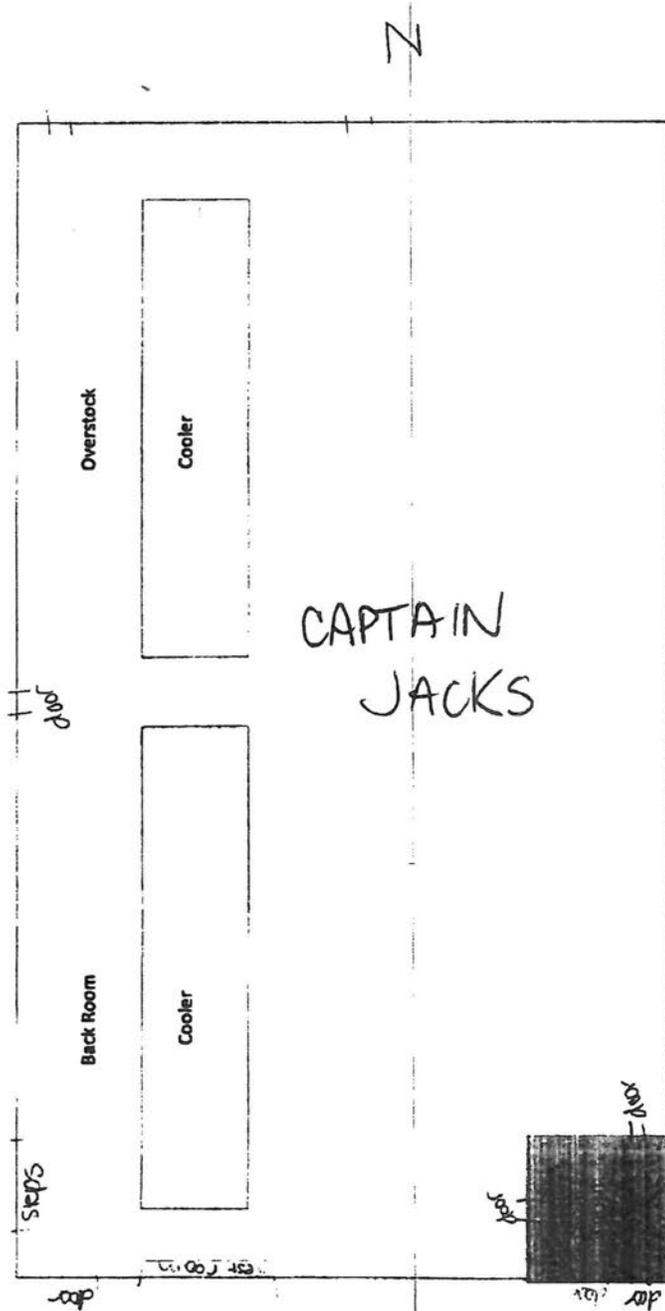
#274 SULLIVAN'S FOODS
217 Chicago Ave
Savanna, IL 61074
815-273-7739

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- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex, such as a restaurant, areas such as mixing, serving, and storage must be identified.

Site Diagram

#7048



second floor is
offices and
furnace room.

Print

Retail Alcohol Beverage License - Submission #22811

Date Submitted: 5/6/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

CBOCS West, Inc.

Doing Business As (DBA) Name, if Applicable:*

Cracker Barrel Old Country Store #447

Date of Incorporation:*

12/9/1996

State of ND Liquor License No.:

AW-03367

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1685 N. Grandview Lane

City:*

Bismark

State:*

ND

Zip:*

58503

Phone No.:*

701-223-2785

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Craig Pommells: President & Treasurer

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Alexis Batey

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Lebanon

State:*

Tn

Zip:*

37087

Phone No.:*

[Redacted]

Manager's Name:*

Michael Vittel

Date of Birth:*

[Redacted]/1968

Percentage of Ownership:*

N/A

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Bismark

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

General Manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Craig Pommells

Date of Birth:*

[Redacted]/1975

Percentage of Ownership:*

N/A

Driver's License No.:*

[Redacted]

State Issued:*

FL

Gender:

Male

Race:

Black

Home Address:*

[Redacted]

City:*

Windermere

State:*

FL

Zip:*

34786

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Executive President & Treasurer

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Cammie Spillyards-Schaefer

[Redacted]/1976

N/A

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

TN

Female

Caucasian

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Nashville

TN

37215

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Executive Vice President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Richard Wolfson

[Redacted]/1966

N/A

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

TN

Male

Caucasian

Home Address:

[Redacted]

City:

Nashville

State:

TN

Zip:

37215

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Executive Secretary

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Redacted]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Redacted]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

Applicant's parent entity, Cracker Barrel Old Country Store, Inc. has previously had 1 license suspended for service to minors, relating to its restaurant in Athens, TN. The suspension period runs Dec. 1- Dec. 30 2023. Cracker Barrel is implementing new protocols to assist the store in its compliance efforts.

If you have further questions on this matter , please feel free to reach out to Jean Shuttleworth, Sr. Corporate Counsel.

Phone: 615-444-5533

Email: jean.shuttleworth@crackerbarrel.com

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Yes, CBOCS West, Inc. DBA Cracker Barrel Old Country Store #447 operates both a restaurant and retail store.

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

447- floor plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Craig Pommells

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/6/2024

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

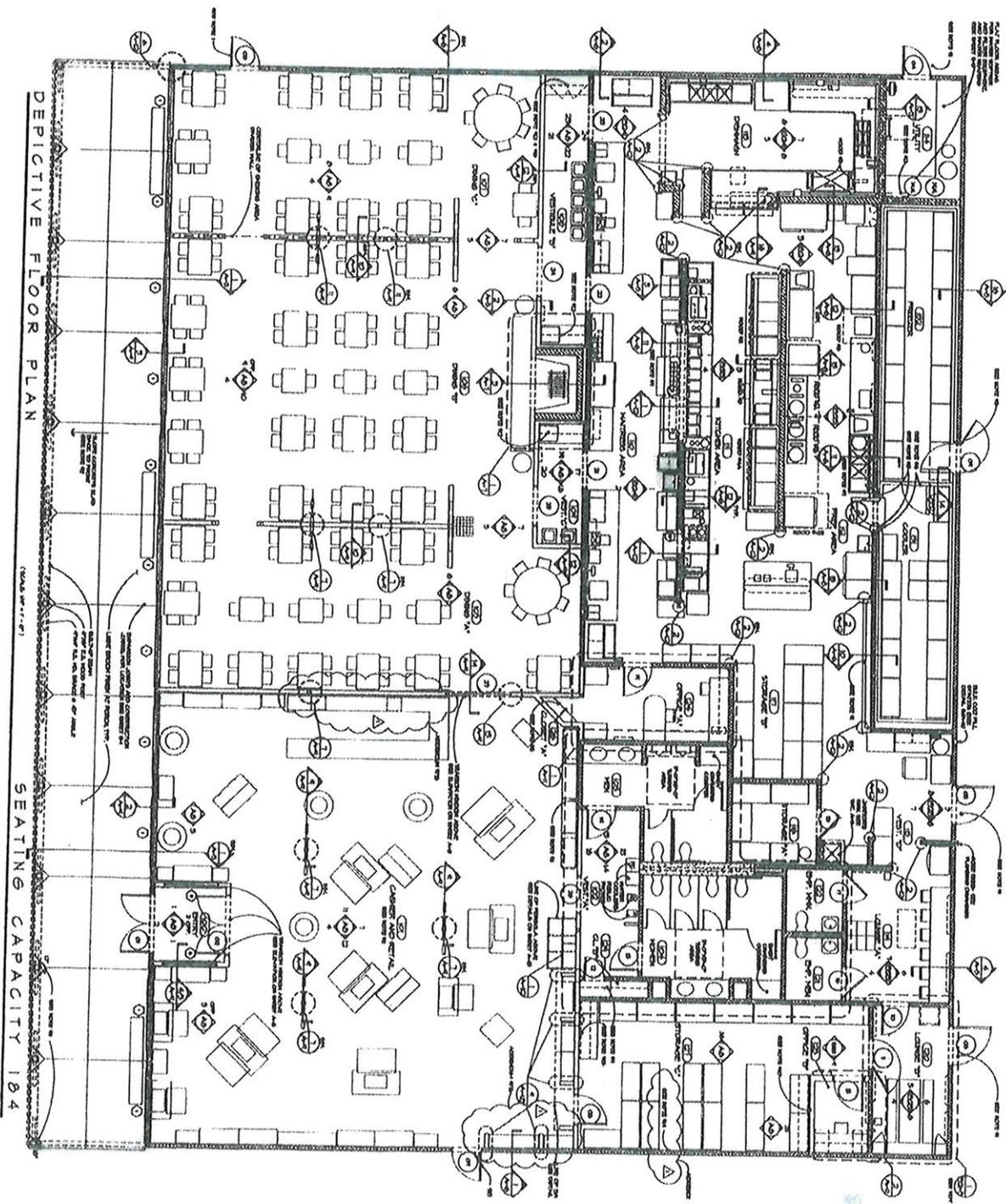
Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Site Diagram

Cracker Barrel



DEPictIVE FLOOR PLAN

SEATING CAPACITY 184

North ↗

-Storage
Service
area
Mixing
areas

Print

Retail Alcohol Beverage License - Submission #22804

Date Submitted: 5/6/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Tonka Holdings

Doing Business As (DBA) Name, if Applicable:*

Elbow Room

Date of Incorporation:*

07/25/2016

State of ND Liquor License No.:

AA-02818

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

115 S 5TH ST

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7012222140

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Johnny Marquez

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Johnny Marquez

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[REDACTED]

Manager's Name:*

Johnny Marquez

Date of Birth:*

[REDACTED]/1991

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

MALE

Race:

WHITE

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

MANAGER

Email Address:

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:

JASON FRANK

Date of Birth:

[Redacted]/1974

Percentage of Ownership:

50

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

MALE

Race:

WHITE

Home Address:

[Redacted]

City:

MANDAN

State:

ND

Zip:

58554

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

OWNER

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

PAT KOSKI

[REDACTED]/1984

50

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

ND

MALE

WHITE

Home Address:

[REDACTED]

City:

State:

Zip:

Phone No.:

BISMARCK

ND

58503

[REDACTED]

Officer/Director/Stockholder Title:

Email Address:

OWNER

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

inside elbow.JPG

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Johnny Marquez

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/6/2024

Electronic Signature

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

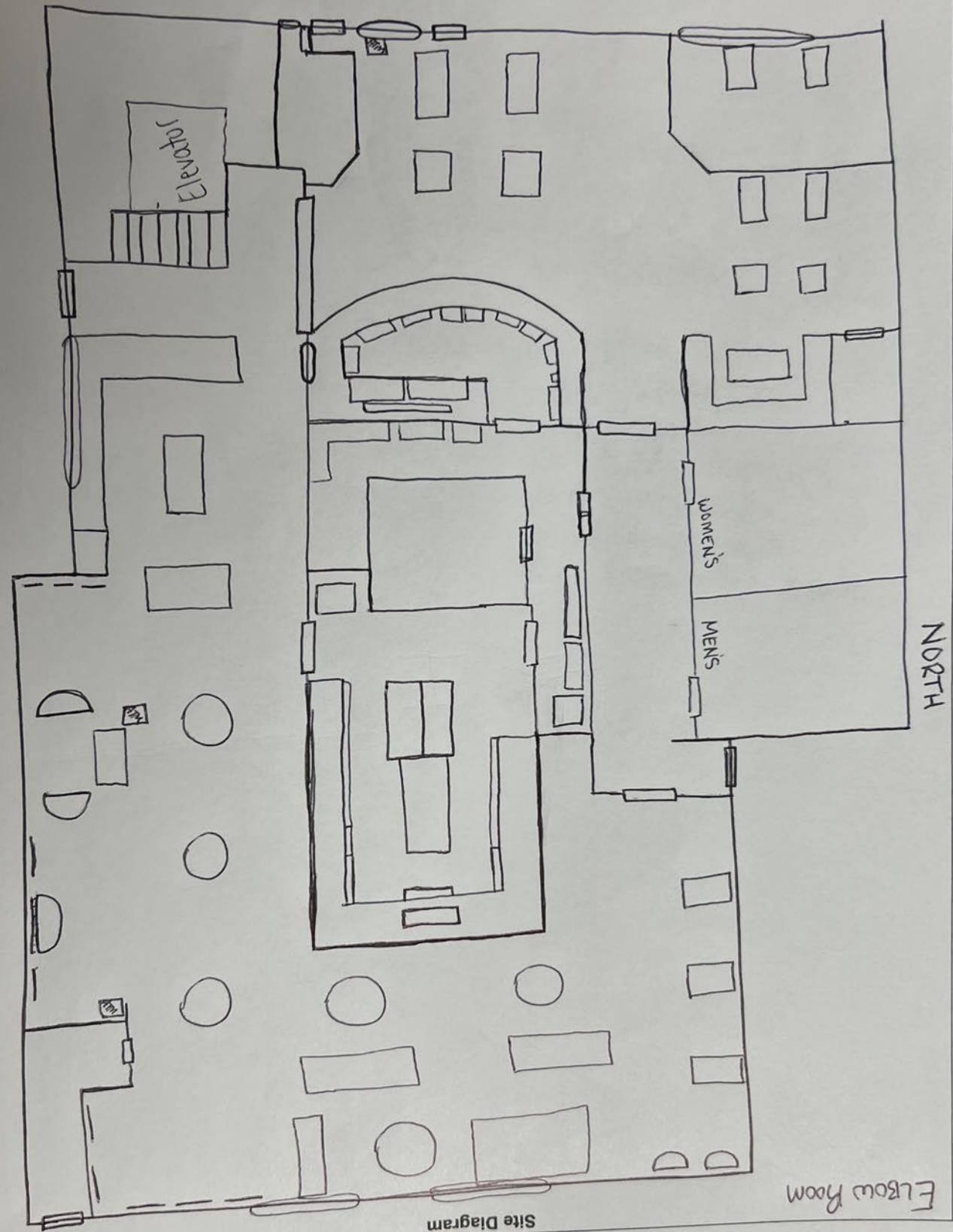
Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



Print

Retail Alcohol Beverage License - Submission #22832

Date Submitted: 5/8/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

DTSG Bismarck, Inc.

Doing Business As (DBA) Name, if Applicable:*

Famous Dave's

Date of Incorporation:*

1/29/2004

State of ND Liquor License No.:

AA-00330

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

401 East Bismarck Expressway

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

7015309800

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Randy Thorson

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Vonnie Birmingham

Email Address:*

vonnie@jlbeersusa.com

Mailing Address:*

P.O. Box 2043

City:*

Fargo

State:*

ND

Zip:*

58107

Phone No.:*

[REDACTED]

Manager's Name:*

Dan Gangl

Date of Birth:*

[REDACTED]/1983

Percentage of Ownership:*

0%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

General Manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Randy Thorson

Date of Birth:*

[Redacted]/1954

Percentage of Ownership:*

100%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Fargo

State:*

ND

Zip:*

58104

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President/Secretary/Treasurer/Director

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

See Attached. (Attachment will be mailed with the renewal fee.)

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Food Sales

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Famous+Daves+Return+Summary.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Floor Plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Randy Thorson

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/8/2024

Electronic Signature

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

08-May-2024

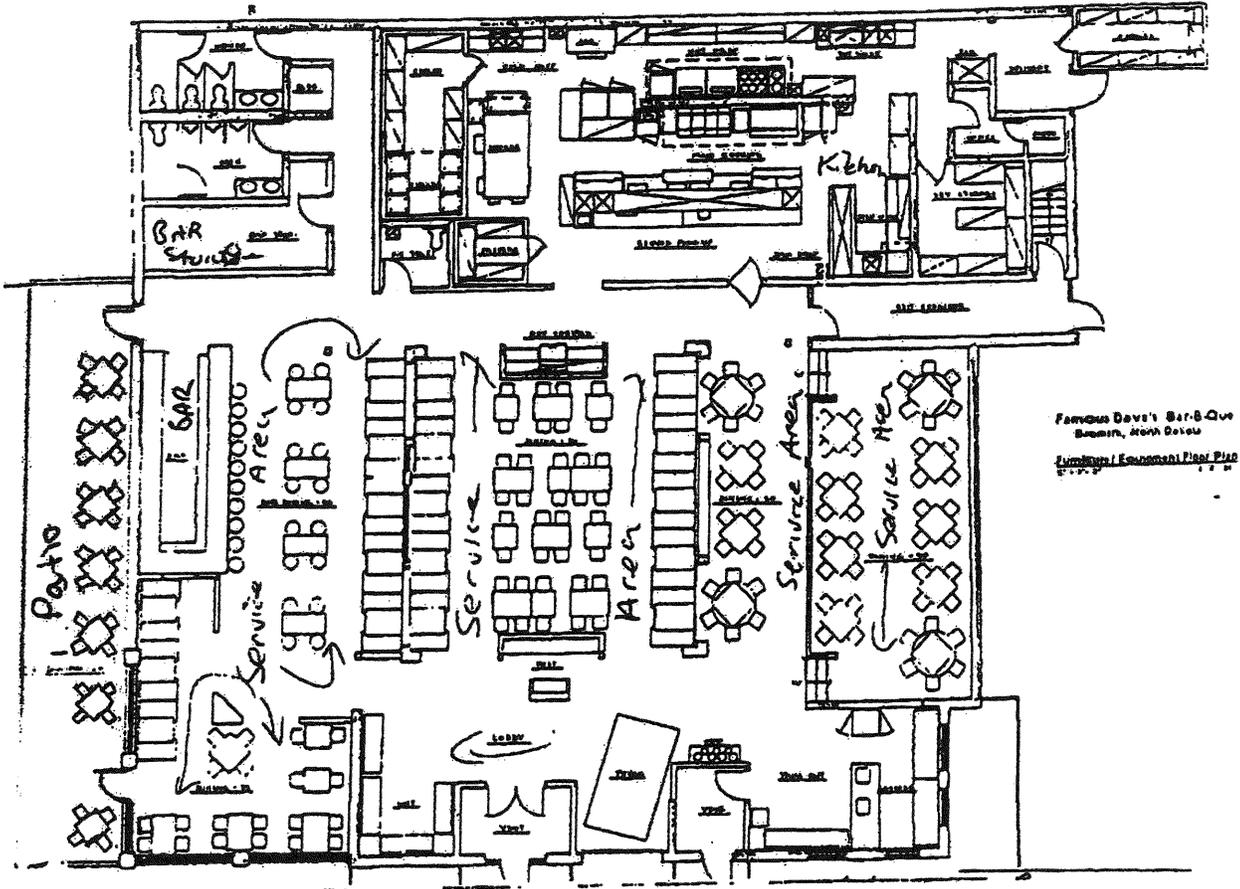
Return Summary

Account ID: 172801 00
Taxpayer: FAMOUS DAVES RESTAURANT
Beginning Period: 01-Apr-2023
Ending Period: 31-Mar-2024

		Column A	Column B	Total
		ALCOHOL	SALES	
Line 1	Total Sales	\$108,355.00	\$1,762,076.00	\$1,870,431.00
Line 2	Total Exempt Sales	\$173.00	\$67,712.00	\$67,885.00
Line 3	Items Subject to Use Tax	\$0.00	\$0.00	\$0.00
Line 4	Amount Taxable	\$108,182.00	\$1,694,364.00	\$1,802,546.00
Line 5	State Tax	\$7,572.74	\$84,718.20	\$92,290.94
Line 6	Total State Tax			\$92,290.94
Line 7	Compensation Discount			\$1,273.68
Line 8	Net State Tax			\$91,017.26
Line 12	Net Local Option Tax			\$34,969.57

Famous Dave's - Bismarck, ND

DTSG Bismarck, Inc.



Famous Dave's Bar-B-Que
Bismarck, North Dakota
Furniture / Equipment Floor Plan
11.1.07



Print

Retail Alcohol Beverage License - Submission #22781

Date Submitted: 5/3/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Horizon Market, LLC

Doing Business As (DBA) Name, if Applicable:*

Horizon Market, LLC

Date of Incorporation:*

05/02/2013

State of ND Liquor License No.:

AB-02020

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

125 Durango DR

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-425-0615

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Kristin Jangula - Accounting Specialist

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Casey Clement

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Manager's Name:*

Patrick Shannon

Date of Birth:*

[Redacted]/1968

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58504

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

General Manager

Email Address:

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:

Casey Clement

Date of Birth:

[Redacted]/1979

Percentage of Ownership:

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Males

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58503

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Spencer Wilkinson, JR

[Redacted]/1966

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

Native American

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Vice President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Don Clement

[Redacted]/1949

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58504

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Secretary/Treasurer

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Additional Ownership for Horizon Market City Alcoholic Beverage License.docx

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Redacted]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Redacted]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Diagram for State Liquor License Renewal - Horizon Market.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Casey Clement

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/3/2024

Electronic Signature

Payment Options:*

Check By Mail



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Additional Ownership for Horizon Market City Alcoholic Beverage License

Babylon Family Investments -50% Ownership

Address: 250 Rock Island Place Suite 4; Bismarck ND 58504

Phone Number: 701-425-0615

Owners

Casey Clement: 40%

Kelly Clement: 40%

Don Clement: 10%

Pat Clement: 10%

Sooner Enterprises- 50% Ownership

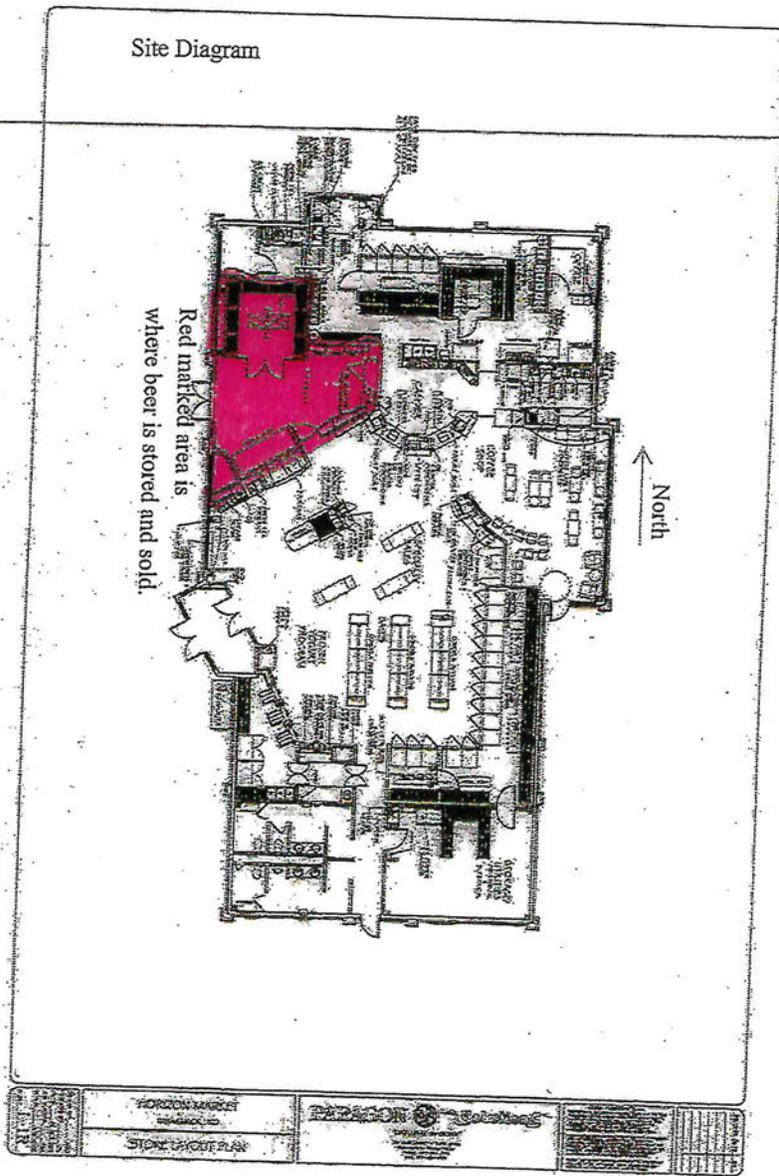
Address: 3250 Rock Island Place Suite 4; Bismarck ND 58504

Phone Number: 701-425-0615

Owner

Spencer Wilkinson, JR: 100%

Site Diagram





APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/6/2024

License Type:				
	<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club ☐ \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building ☐ \$650	Class B-2: Concession at the Bismarck Municipal Country Club ☐ \$650	Class B-3: Commercial passenger vessels on the Missouri River ☐ \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center ☐ \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations ☐ \$650	Class B-6: Commercial Airline ☐ \$650	Class C-1: Hotel or Motel Full Service ☐ \$3,800	Class C-2: Hotel or Motel ☐ \$1,000	Class D: Sale at Retail of Alcoholic Beverages ☐ \$4,100
Class E: Sale at Retail of Beer Only ☐ \$800	Class F-1: Restaurant - Alcoholic Beverages ☐ \$3,500	Class F-2: Restaurant - Beer & Wine Only <input checked="" type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor ☐ \$650	Class H-1: Domestic Winery ☐ \$800
Class H-2: Domestic Brewery ☐ \$800	Class H-3: Domestic Distillery ☐ \$800	Class I-1: Senior Living Community ☐ \$350	Class I-2: Complimentary ☐ \$350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:

Legal Business Name: <i>DAKOTA ASIAN FUSION CUISINE INC</i>		Date of Incorporation: <i>08/25/2023</i>	State Business ID Number: <i>37755900</i>
Doing Business As (DBA) Name, if Applicable: <i>ICHIBAN RAMEN JAPANESE & ASIAN BISTRO</i>		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: <i>1825 N 13th ST</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58501</i>
		Phone Number: <i>701-223-1688</i>	
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <i>LiFang Lin</i>			

Contact Information (Where correspondence is to be sent):

Primary Contact: <i>YiWu Xie</i>	Phone Number: [REDACTED]	Email Address: [REDACTED]	
Mailing Address: [REDACTED]	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58503</i>

Manager's Name: <i>LiFang Lin</i>	Date of Birth: [REDACTED]	Percentage of Ownership:	
Driver's License Number: [REDACTED]	State Issued: <i>ND</i>	Gender: <i>Female</i>	Race: <i>Asian</i>
Home Address: [REDACTED]	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58503</i>
Occupation: <i>Manager</i>	Phone Number: [REDACTED]	Title: <i>Manager</i>	Email Address: [REDACTED]

List all officers or directors of corporation or partners and percentage of ownership:

Name: Yi Wu Xie		Date of Birth: [REDACTED] 1/1986	Percentage of Ownership: 100%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: Male	Race: Asian
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58503
Occupation: Owner	Phone Number: [REDACTED]	Title: [REDACTED]	Email Address: [REDACTED]

Name: Li Fang Lin		Date of Birth: [REDACTED] 1/1988	Percentage of Ownership:
Driver's License Number: [REDACTED]	State Issued: ND	Gender: Female	Race: Asian
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58503
Occupation: Manager	Phone Number: [REDACTED]	Title: [REDACTED]	Email Address: [REDACTED]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?	If no, please explain:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Have any of the persons listed above been convicted of any crime within the past five years?	If yes, list all convictions and the dates, locations and sentence of disposition of each:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

3. Does the building meet all state and local sanitation and safety requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
---	---

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?	If yes, please give details:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

11. Have all property taxes and special assessments currently due been paid?	If no, please give details:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Signature:

- I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

- I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

- I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Lifang Lin

Signature of Applicant

05/08/2024
Date

Lifang Lin / Manager

Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Signature of Current License Holder

Signature of New Applicant

Print Name

Print Name

State of _____

Subscribed and sworn to before me this _____

County of _____

day of _____

Notary Seal

Notary Public

My Commission Expires



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/6/2024

License Type:		<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650	
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6: Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input type="checkbox"/> \$4,100	
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input checked="" type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800	
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350		

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:				
Legal Business Name: SAIRAM AND SONS INC		Date of Incorporation: OCT. 4. 2021	State Business ID Number: 36456700	
Doing Business As (DBA) Name, if Applicable: INDIA CRAY OVEN BAR AND GRILL		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: 510 E MAIN AVE	City: BISMARCK	State: ND	Zip: 58501	Phone Number: 701.751.2975
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): SURJIT SAROYA (OWNER)				

Contact Information (Where correspondence is to be sent):				
Primary Contact: SURJIT SAROYA		Phone Number: 701-751-2975	Email Address: SSURJIT98@icloud.com	
Mailing Address: 510 E MAIN AVE	City: BISMARCK	State: ND	Zip: 58501	

Manager's Name: SURJIT SAROYA		Date of Birth: [REDACTED] 1984	Percentage of Ownership: 100%	
Driver's License Number: [REDACTED]	State Issued: [REDACTED]	Gender: MALE	Race: ASIAN	
Home Address: [REDACTED]	City: BISMARCK	State: ND	Zip: 58501	
Occupation: CHEF / MANAGER	Phone Number: [REDACTED]	Title: OWNER	Email Address: [REDACTED]	

List all officers or directors of corporation or partners and percentage of ownership:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:	City:	State:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
--	------------------------

2. Have any of the persons listed above been convicted of any crime within the past five years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
--	--

3. Does the building meet all state and local sanitation and safety requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

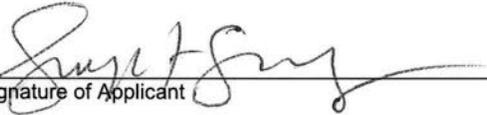
11. Have all property taxes and special assessments currently due been paid? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, please give details:
---	-----------------------------

Signature:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.


Signature of Applicant

MAY 10, 24
Date

SURJIT SAROYA (OWNER)
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

Notary Seal

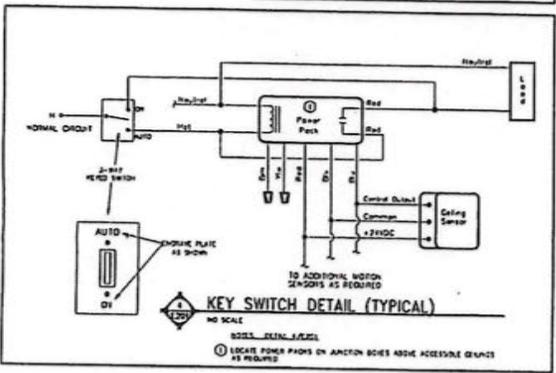
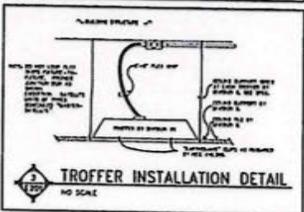
Notary Public

My Commission Expires

ROOM SCHEDULE			
ROOM NO.	ROOM NAME	ROOM NO.	ROOM NAME
001	BASEMENT	108	RESTROOM
002	ELEVATOR ESCAP	109	CONFERENCE
003	LOBBY	110	STAIR C
004	LOBBY	111	STAIR C
005	OFFICE	112	STAIR C
006	OFFICE	113	STAIR C
007	OFFICE	114	STAIR C
008	OFFICE	115	STAIR C
009	OFFICE	116	STAIR C
010	OFFICE	117	STAIR C
011	OFFICE	118	STAIR C
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091	OFFICE	198	STAIR C
092	OFFICE	199	STAIR C
093	OFFICE	200	STAIR C

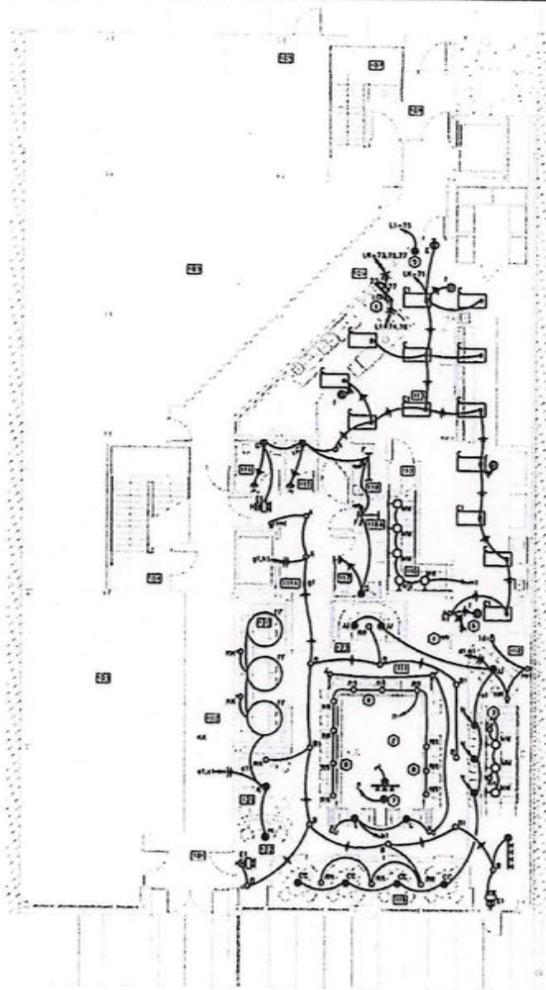
MOTION SENSOR SCHEDULE						
DESC.	MANUFACTURER	CATALOG NO.	TYPE	FINISH	MOUNTING	REMARKS
1	BAIT STOPPER	0-100 SERIES	302 SENSITIVE PIR SENSOR	WHITE	CEILING	PIR SENSOR WITH ISOLATED RELAY FOR 0VAC. 800 EXTENDED RANGE LENS
2	BAIT STOPPER	0-100 SERIES	302 SENSITIVE PIR SENSOR	WHITE	CEILING	PIR SENSOR WITH HIGH DENSITY LENS
3	BAIT STOPPER	91-2333 SERIES	ULTRASONIC OCCUPANCY SENSOR	WHITE	CEILING	200-DIRECTIONAL TRANSDUCER HULLMAY SENSOR
4	BAIT STOPPER	91-2308 SERIES	ULTRASONIC OCCUPANCY SENSOR	WHITE	CEILING	200-DIRECTIONAL TRANSDUCER HULLMAY SENSOR
5	BAIT STOPPER	91-343 SERIES	DUAL TECHNOLOGY PIR/ULTRASONIC	WHITE	PANEL TO MTP	200-DIRECTIONAL TRANSDUCER HULLMAY SENSOR WITH ISOLATED RELAY
6	BAIT STOPPER	91-300 SERIES	DUAL TECHNOLOGY PIR/ULTRASONIC	WHITE	CEILING	200-DIRECTIONAL TRANSDUCER HULLMAY SENSOR WITH ISOLATED RELAY

- NOTES:**
- LETTER NEXT TO MOTION SENSOR ON PLANS INDICATES TYPE, AND IF PRESENT, SECOND LETTER INDICATES MOUNTING TO BE SWITCHED. EQUIPMENT SHALL BE SWITCHED TO MEET THE DESIGNATION (WHERE SHOWN). MOTION SENSORS SHALL USE 80-SECONDS POWER PADS.
 - VERIFY ALL THAT RELAY STAYS WITH OWNER. COMMON AND RESTROOM MOTION SENSORS TO BE SET AS A SENSITIVE SENSOR.
 - ALL MOTION SENSORS SHALL BE SET TO FAIL IN THE "ON" POSITION SUCH THAT UNWANTED ARE GUARANTEED TO MOTION SENSOR FALLS.
 - PROVIDE WIRING 1 INCH MOTION SENSORS FOR EACH TYPE USED.
 - EQUIPMENT SPEC BY GC AND SENSOR WHICH ACCEPTABLE. MANUFACTURER OF EQUIPMENT UNITS SHALL VERIFY MOTION SENSOR LAYOUT SHOWN ON DRAWINGS MEETS CURRENT LISTINGS OF EACH EQUIPMENT MANUFACTURER. SHALL PROVIDE TO WITH ALTERNATE LIGHTING CONTROLLER AND WIRING DIAGRAMS AS REQUIRED TO MEET THEIR SPECIFIC EQUIPMENT CHANGE CAPABILITIES AND WIRING REQUIREMENTS.



LOWER LEVEL LIGHTING PLAN
 1/8" = 1'-0"
 1. LIGHTING CONTROL STATION SEE DETAIL 1/2023 FOR ZONES

FIRST FLOOR LIGHTING PLAN
 1/8" = 1'-0"
 1. LIGHTING CONTROL PANELS SEE DETAIL 1/2023
 2. EDGE DIML FROM BASEMENT PHOTO BAR FOR ACCESS TO ROOMS N, P, Q, AND R AS REQUIRED
 3. CONTROL CONTINUES TO STRIP LIGHTS ON SHEET E201, DETAIL 1
 4. LIGHTING CONTROL STATION SEE DETAIL 1/2023 FOR ZONES
 5. DIMMER ROOM CONTROLLER SEE DETAIL 1/2023
 6. SEE DETAIL 1/2023 FOR KEY SWITCH DETAIL
 7. STRAPLINE FOR BARN DOOR LIGHTING PROVIDED BY GC
 8. DOWNLIGHT IN UPPER EXHIBIT ABOVE BAR PROVIDED BY GC



leaf
 LEAF DESIGN STUDIO
 ARCHITECT
 1415 South 17th St
 Bismarck, ND 58501
 Phone: 701.254.3094
 Fax: 701.272.3458

12540
 HUBBARD

HUMPBACK SALLY TAVERN
 Bismarck, North Dakota

PROJECT NUMBER
 LEAF 2012.02
 PHASE
 CONSTRUCTION DOCUMENTS
 DATE
 02.11.2013
 DRAWING NAME
 BASEMENT & FIRST LIGHTING PLAN
 SHEET NUMBER
 E201

Print

Retail Alcohol Beverage License - Submission #22833

Date Submitted: 5/8/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

JLB-BIS, Inc.

Doing Business As (DBA) Name, if Applicable:*

JL Beers

Date of Incorporation:*

6/29/2011

State of ND Liquor License No.:

AA-02276

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

217 North 3rd Street

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-751-4855

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Lance Thorson

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Vonnie Birmingham

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Fargo

State:*

ND

Zip:*

58107

Phone No.:*

[REDACTED]

Manager's Name:*

Jon Rings

Date of Birth:*

[REDACTED]/1993

Percentage of Ownership:*

0%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

General Manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Lance Thorson

Date of Birth:*

[Redacted]/1982

Percentage of Ownership:*

16.67%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

West Fargo

State:*

ND

Zip:*

58078

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President/Direcctor

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Randy Thorson

[Redacted]/1954

33.33%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

White

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Fargo

ND

58104

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Secretary/Treasurer/Director

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Warren Ackley

[Redacted]/1953

33.33%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

White

Home Address:

[Redacted]

City:

Fargo

State:

ND

Zip:

58103

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Vice President/Director

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Shawn Thorson.pdf

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Redacted]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Redacted]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

See Attached. (Attachment will be forwarded with check payment.)

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Food Sales

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

JL+Beers+Return+Summary.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Floor Plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Lance Thorson

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/8/2024

Electronic Signature

Payment Options:*

Check By Mail



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



STATE OF NORTH DAKOTA
OFFICE OF STATE TAX COMMISSIONER
Brian Kroshus, Commissioner

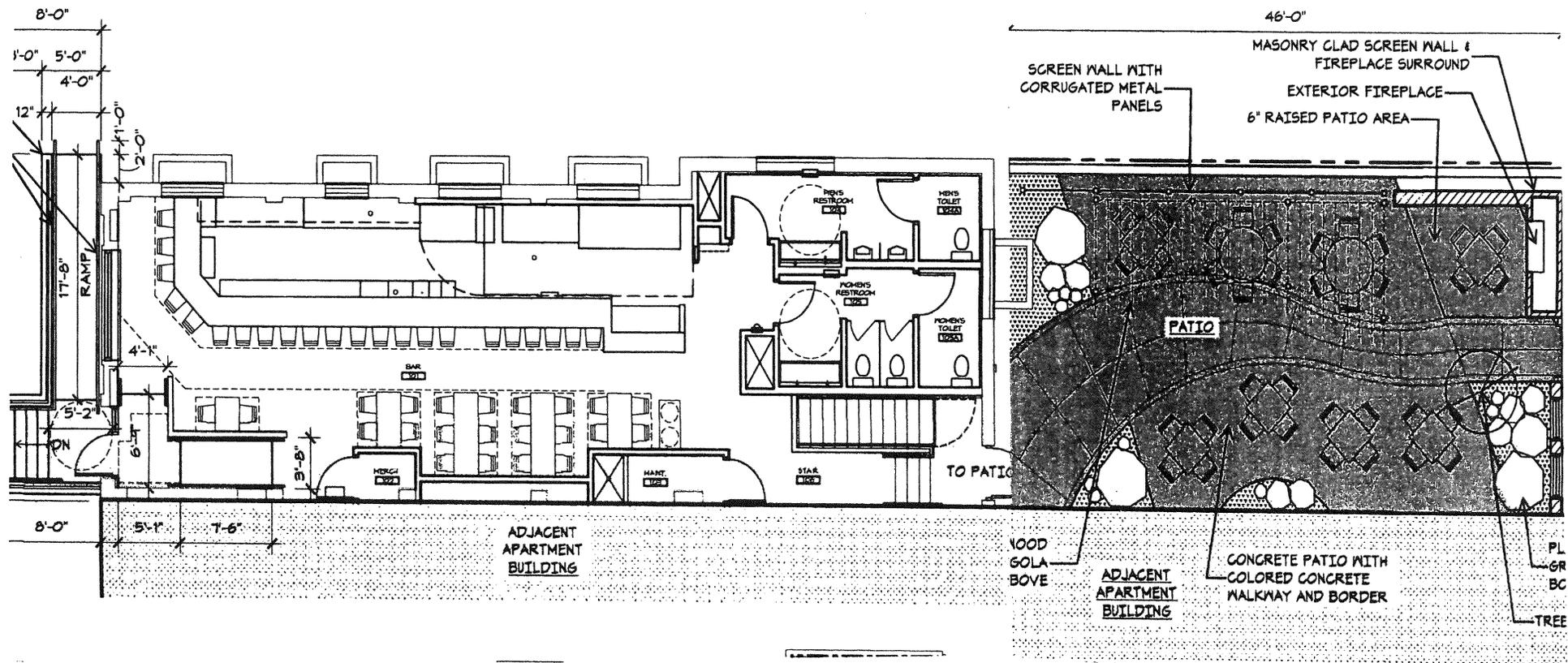
07-May-2024

Return Summary

Account ID: 281073 00
Taxpayer: JL BEERS
Beginning Period: 01-Apr-2023
Ending Period: 31-Mar-2024

		Column A	Column B	Total
		ALCOHOL	SALES	
Line 1	Total Sales	\$364,504.00	\$1,086,485.00	\$1,450,989.00
Line 2	Total Exempt Sales	\$1,237.00	\$10,115.00	\$11,352.00
Line 3	Items Subject to Use Tax	\$0.00	\$0.00	\$0.00
Line 4	Amount Taxable	\$363,267.00	\$1,076,370.00	\$1,439,637.00
Line 5	State Tax	\$25,428.69	\$53,818.50	\$79,247.19
Line 6	Total State Tax			\$79,247.19
Line 7	Compensation Discount			\$1,188.72
Line 8	Net State Tax			\$78,058.47
Line 12	Net Local Option Tax			\$27,928.97

JLB-BIS, Inc. dba JL Beers



Print

Retail Alcohol Beverage License - Submission #22815

Date Submitted: 5/7/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Mini Mart Inc.

Doing Business As (DBA) Name, if Applicable:*

Loaf 'N Jug 685

Date of Incorporation:*

4/21/1960

State of ND Liquor License No.:

AB-02536

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

2835 N Washington St.

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-258-3680

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Alex Blank

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Alex Blank

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Westborough

State:*

Massachusetts

Zip:*

01581

Phone No.:*

[Redacted]

Manager's Name:*

Calvin Ostert

Date of Birth:*

[Redacted]/1967

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

SD

Gender:

Race:

Home Address:*

[Redacted]

City:*

Rapid City

State:*

SD

Zip:*

57701

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

District Manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

John Carey

Date of Birth:*

[Redacted] 1962

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

MA

Gender:

Race:

Home Address:*

[Redacted]

City:*

Westborough

State:*

Massachusetts

Zip:*

01581

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President

Name:

Date of Birth:

Percentage of Ownership:

Nicholas Unkovic

█/78

0

Driver's License No.:

State Issued:

Gender:

Race:

█

MA

Home Address:

City:

State:

Zip:

Phone No.:

█

Officer/Director/Stockholder Title:

Email Address:

Secretary and General Counsel

Name:

Date of Birth:

Percentage of Ownership:

Lisa N'Chonon

█/75

0

Driver's License No.:

State Issued:

Gender:

Race:

█

CT

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Redacted text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

Treasurer

[Empty text box for Email address]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

Mini Mart, Inc. is a corporation based out of Massachusetts. All managers and officers are legal residents of the united states.

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box for listing convictions]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

We have 1700 stores and many of them are licensed to sell package liquor. One other store in North Dakota is licensed to sell alcohol:

Loaf N Jug 673
810 N Broadway
Minot ND
AB-02253

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

This location is a gas station/convenience store that sells alcohol.

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

750685 - LNJ - ND - City of Bismarck - Diagram - Store Layout.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Alexandra Blank

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/7/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

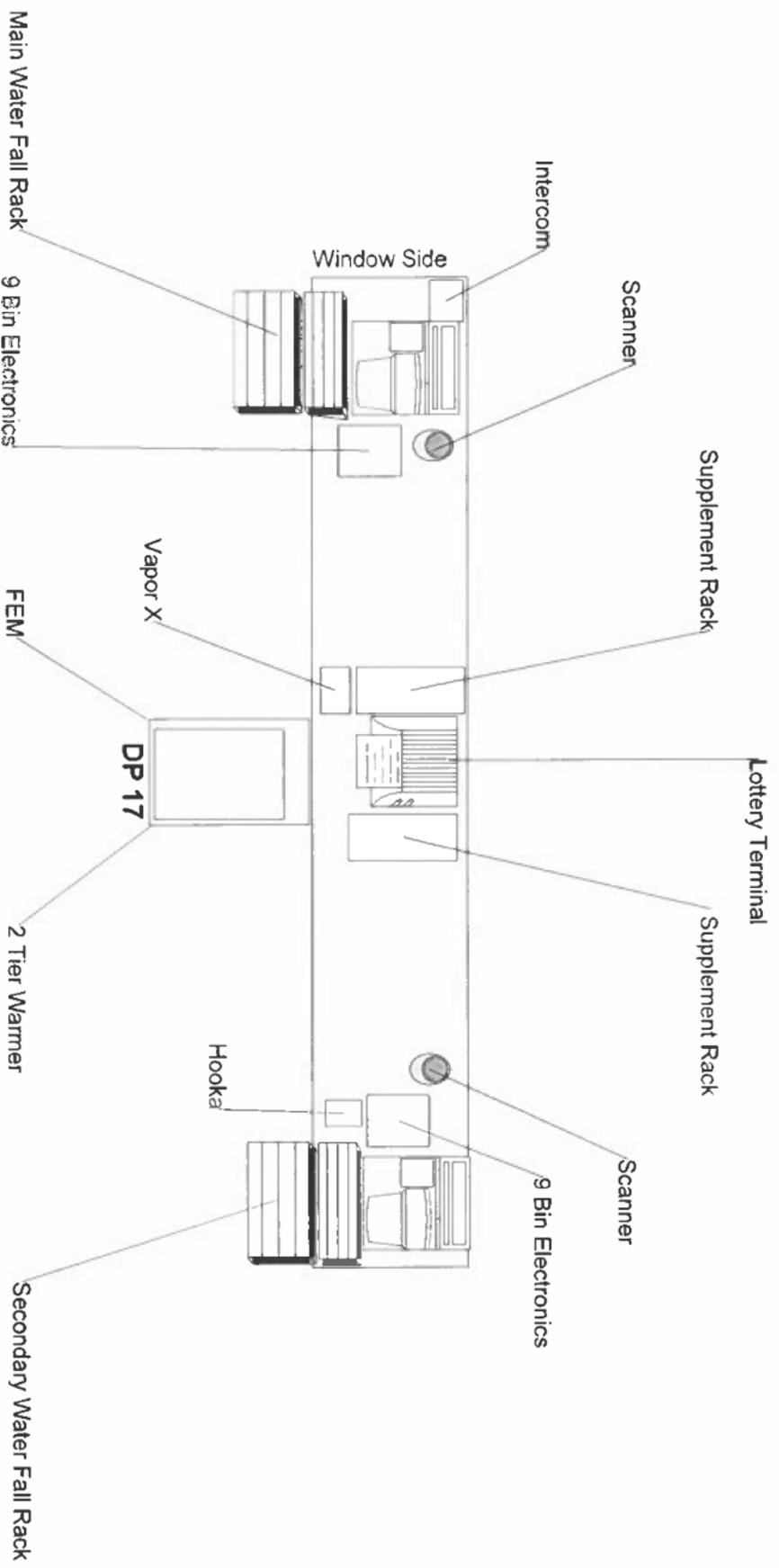
[Credit Card Authorization Form](#)

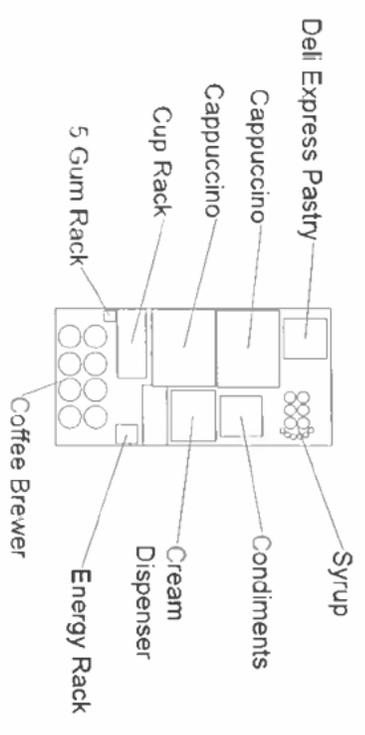
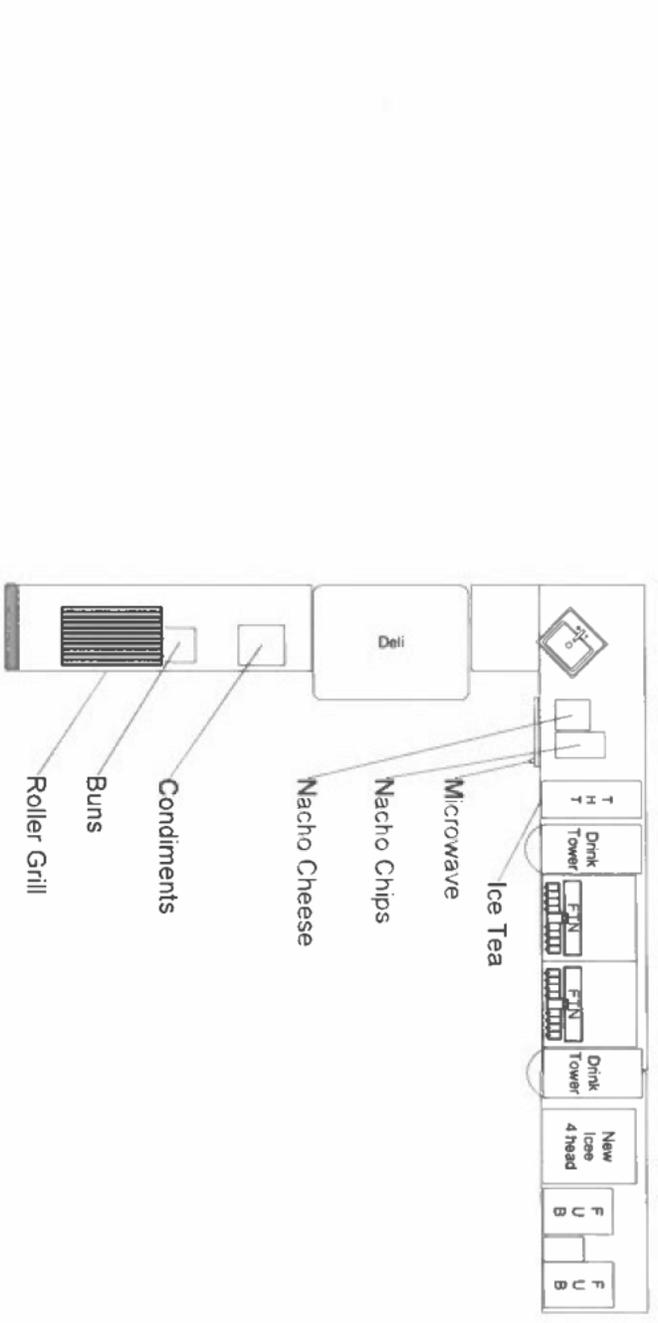
Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501





Print

Retail Alcohol Beverage License - Submission #22780

Date Submitted: 5/3/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Eclectic Culinary Concepts, Inc.

Doing Business As (DBA) Name, if Applicable:*

Luckys 13 Pub

Date of Incorporation:*

07/19/2016

State of ND Liquor License No.:

AA-03436

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

915 S #rd Street

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-751-7913

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Charles Burrows

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Dee-Dee Sanford

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Mendota

State:*

Minnesota

Zip:*

55150

Phone No.:*

[REDACTED]

Manager's Name:*

Alicia Boeckel

Date of Birth:*

[REDACTED]/1977

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Female

Race:

Caucasion

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

owner/manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Charlies Burrows

Date of Birth:*

[Redacted]/1958

Percentage of Ownership:*

40

Driver's License No.:*

[Redacted]

State Issued:*

MN

Gender:

Male

Race:

Caucation

Home Address:*

[Redacted]

City:*

Inver Grove Heights

State:*

MN

Zip:*

55077

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Steve Hesse

[Redacted]/1978

30

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MN

Male

Caucasion

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Cottage Grove

MN

55016

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Tyge Nelson

[Redacted]/1975

30

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MN

Male

Caucasion

Home Address:

[Redacted]

City:

Stillwater

State:

MN

Zip:

55082

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Owner

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

The Manager lives in ND. The Owners live in MN

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Eclectic Culinary Concepts own a total of 13 operating restaurants. Two located in ND, one located in WI and Ten located in MN

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Bismarck percentage sales.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck Floor plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Charlie Burrows

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/3/2024

Electronic Signature

Payment Options:*

Check By Mail



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

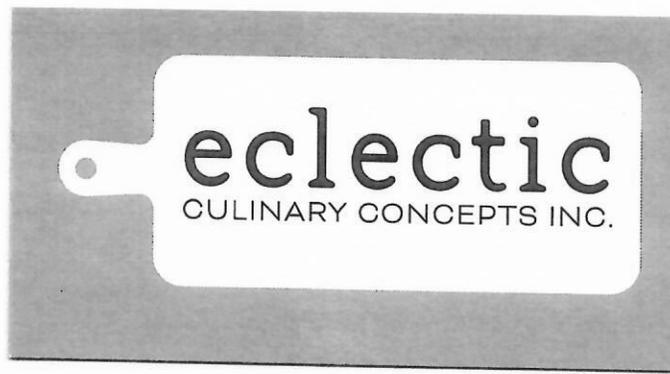
[Credit Card Authorization Form](#)

Choose File

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



PO Box 50794
Mendota, MN 55150

May 3, 2024

City of Bismarck
PO Box 5503
Bismarck, ND 58501

Re: Luckys 13 Pub liquor license renewal - Gross Food Sales Report

Total sales for the past year are \$3,234,079.61

Of those total sales \$2,469,106.56 are for food sales and
\$764,973.05 make up the total liquor sales.

This comes out to a total food cost of 76.35% and Liquor sales of 23.65%

Please refer to the attached CPA firm financial statement for support
to these numbers.

Sincerely,

A handwritten signature in cursive script that reads "Dee-Dee Sanford".

Dee-Dee Sanford
Acct/Admin

Yankee Tavern in Eagan - - Me & Julio in Hastings and Madison
Luckys 13 Pub in Mendota, Bloomington, Plymouth, Roseville, Burnsville, Bismarck and Fargo
Pajarito in St. Paul and Edina - - The Clover in Rosemount - - JoJo's in West Fargo

Eclectic Culinary Concepts Inc
Unadjusted Year End Comparative Statement of Income
For the Twelve Months Ended December 31, 2023

Bismarck Luckys

	\$ Amount		% Sales		\$ Amount		% Sales	
	1 Month Ended Dec 31		1 Month Ended Dec 31		12 Months Ended Dec 31		12 Months Ended Dec 31	
	2023	2022	2023	2022	2023	2022	2023	2022
Food								
Revenue								
Sales - Food - Gross	215,203.19	194,903.60	101.9	102.4	2,469,106.56	2,387,382.61	101.8	102.2
Sales - Food - Comp/Discount	(3,918.01)	(4,486.49)	(1.9)	(2.4)	(43,388.02)	(51,873.54)	(1.8)	(2.2)
Total Revenue	211,285.18	190,417.11	100.0	100.0	2,425,718.54	2,335,509.07	100.0	100.0
Cost of Sales								
COGS Meats	23,820.26	22,635.58	11.3	11.9	269,243.82	323,972.17	11.1	13.9
COGS Seafood	4,367.74	5,084.86	2.1	2.7	66,577.12	66,928.15	2.7	2.9
COGS Produce	11,226.17	13,300.11	5.3	7.0	125,183.38	150,958.43	5.2	6.5
COGS Gen Groc	15,751.28	15,565.96	7.5	8.2	179,569.73	166,281.53	7.4	7.1
COGS Dairy	11,496.96	10,479.45	5.4	5.5	119,807.59	128,366.48	4.9	5.5
COGS Desserts	493.36	543.04	0.2	0.3	9,947.48	8,922.59	0.4	0.4
COGS Breads	4,411.09	2,310.82	2.1	1.2	58,010.65	59,828.71	2.4	2.6
COGS Happy Hr	3,710.00	3,094.28	1.8	1.6	15,391.00	16,663.04	0.6	0.7
COGS N/A Bev	3,598.67	3,940.40	1.7	2.1	43,805.92	43,375.15	1.8	1.9
Total Cost of Sales	78,875.53	76,954.50	37.3	40.4	887,536.69	965,296.25	36.6	41.3
Gross Profit Food	132,409.65	113,462.61	62.7	59.6	1,538,181.85	1,370,212.82	63.4	58.7
Liquor/Beverage								
Revenue								
Sales - Liquor - Gross	71,190.17	68,740.15	101.6	101.4	764,973.05	786,185.19	101.3	101.2
Sales - Liquor - Comp/Discount	(1,133.89)	(957.87)	(1.6)	(1.4)	(9,612.19)	(9,380.14)	(1.3)	(1.2)
Total Revenue	70,056.28	67,782.28	100.0	100.0	755,360.86	776,805.05	100.0	100.0
Cost of Sales								
COGS Beer	11,122.41	8,951.29	15.9	13.2	104,011.89	104,355.17	13.8	13.4
COGS Liquor	4,698.12	4,446.82	6.7	6.6	44,221.24	41,653.18	5.9	5.4
COGS Wine	1,711.83	1,125.93	2.4	1.7	15,368.61	14,706.20	2.0	1.9
COGS Condiments	582.14	357.21	0.8	0.5	6,546.10	6,466.69	0.9	0.8
Total Cost of Sales	18,114.50	14,881.25	25.9	22.0	170,147.84	167,181.24	22.5	21.5
Gross Profit Liquor/Beverage	51,941.78	52,901.03	74.1	78.0	585,213.02	609,623.81	77.5	78.5
Revenue								
Sales - Retail - Gross	32.00	56.00	100.0	100.0	332.00	534.10	100.0	100.0
Total Revenue	32.00	56.00	100.0	100.0	332.00	534.10	100.0	100.0
Total Sales	281,373.46	258,255.39	100.0	100.0	3,181,411.40	3,112,848.22	100.0	100.0
Total Cost of Sales	96,990.03	91,835.75	34.5	35.6	1,057,684.53	1,132,477.49	33.2	36.4
Gross Profit	184,383.43	166,419.64	65.5	64.4	2,123,726.87	1,980,370.73	66.8	63.6

See Accountant's Report. This report is compiled from records furnished by the client and has not been audited or verified.

Haworth & Company, Ltd.

Haworth & Company, Ltd.

Certified Public Accountants

1880 Livingston Avenue, Suite 201
West St Paul, MN 55118
Telephone: 651-451-9373
Fax: 651-451-5923

ACCOUNTANT'S COMPILATION REPORT

To Management
Eclectic Culinary Concepts Inc
Mendota, MN

Management is responsible for the accompanying financial statements of Eclectic Culinary Concepts Inc, which is comprised of the statement of assets, liabilities and equity -- income tax basis of Eclectic Culinary Concepts Inc (an S corporation) as of 12/31/2023 and the related statement of revenue and expenses - income tax basis for the periods then ended in accordance with the income tax basis of accounting, and for determining that the income tax basis of accounting is an acceptable financial reporting framework. We have performed compilation engagements in accordance with Statements on Standards for Accounting and Review Services promulgated by the Accounting and Review Services Committee of the AICPA. We did not audit or review the financial statements nor were we required to perform any procedures to verify the accuracy or completeness of the information provided by management. Accordingly, we do not express an opinion, a conclusion, nor provide any form of assurance on these financial statements.

The financial statements are prepared in accordance with the income tax basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America.

Management has elected to omit substantially all the disclosures ordinarily included in financial statements prepared in accordance with the income tax basis of accounting. If the omitted disclosures were included in the financial statements, they might influence the user's conclusions about the company's assets, liabilities, equity, revenue and expenses. Accordingly, the financial statements are not designed for those who are not informed about such matters.

We are not independent with respect to Eclectic Culinary Concepts Inc.

Haworth and Company, Ltd.

Haworth & Company, Ltd.
Certified Public Accountants
1880 Livingston Avenue
Suite 201
West St Paul, MN 55118

January 15, 2024

See Accountant's Report. This report is compiled from records furnished by the client and has not been audited or verified.

Haworth & Company, Ltd.

1880 Livingston Avenue Suite 201 West St Paul, MN 55118



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/6/2024

License Type:				
	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6: Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input type="checkbox"/> \$4,100
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input checked="" type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:				
Legal Business Name: <i>Nava Ramen And Izakaya Inc.</i>		Date of Incorporation: <i>09/17/2021</i>	State Business ID Number: <i>0005600117</i>	
Doing Business As (DBA) Name, if Applicable:		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: <i>309 N 3rd ST.</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58501</i>	Phone Number: <i>701-751-5006</i>
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <i>Amy / Manager</i>				

Contact Information (Where correspondence is to be sent):				
Primary Contact: <i>Amy</i>		Phone Number: <i>701-751-5006</i>	Email Address: <i>narabismarck@gmail.com</i>	
Mailing Address: <i>309 N 3rd ST.</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58501</i>	

Manager's Name: <i>Jiaslu Zheng / Amy</i>		Date of Birth: [Redacted] <i>1981</i>	Percentage of Ownership: <i>0</i>	
Driver's License Number: [Redacted]	State Issued: <i>ND</i>	Gender: <i>F</i>	Race: <i>Asian</i>	
Home Address: [Redacted]	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58503</i>	
Occupation: <i>Food Service</i>	Phone Number: [Redacted]	Title: <i>Manager</i>	Email Address: [Redacted]	

List all officers or directors of corporation or partners and percentage of ownership:

Name: Wozhong Xu (Rocky)		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Race:
Home Address:		City:	Zip:
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
--	------------------------

2. Have any of the persons listed above been convicted of any crime within the past five years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
--	--

3. Does the building meet all state and local sanitation and safety requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
--	------------------------------

6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
---	------------------------------

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
--	------------------------------

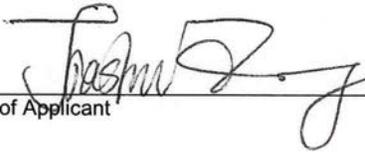
11. Have all property taxes and special assessments currently due been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:
---	-----------------------------

Signature:

- I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

- I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

- I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

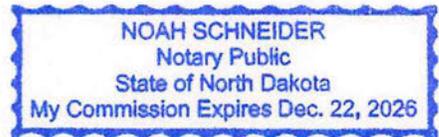


Signature of Applicant

5/15/2024
Date



Print Name / Title of Officer



Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name _____

Applicant Business Name _____

Original License Holder Name Printed _____

Transfer Applicant Name Printed _____

Original License Holder Signature _____

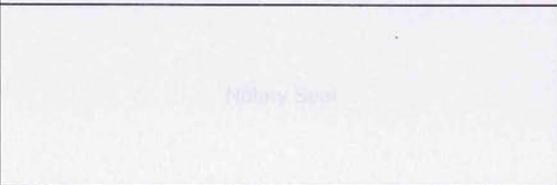
Transfer Applicant Signature _____

State of _____

Subscribed and sworn to before me this _____

County of _____

day of _____



Notary Public

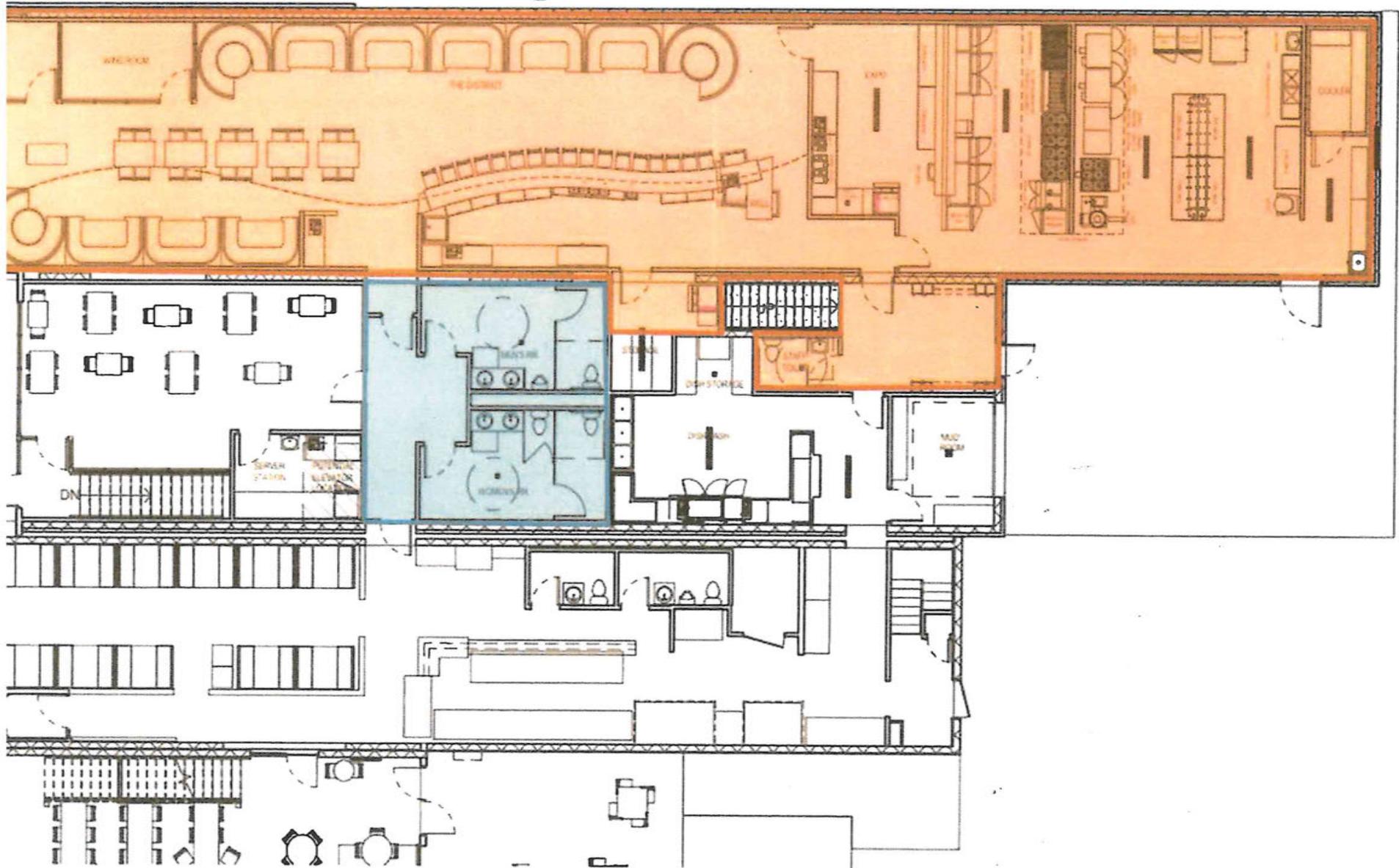
My Commission Expires _____

Main Floor Nara Ramen Space

Sketch is for illustrative purposes only; no exactness or scale is implied

○ Nara Ramen Leased Space

○ Common Area Bathrooms



Print

Retail Alcohol Beverage License - Submission #22782

Date Submitted: 5/3/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Old10 Bar & Grill Bismarck LLC

Doing Business As (DBA) Name, if Applicable:*

Old 10 Bar & Grill

Date of Incorporation:*

02/17/2022

State of ND Liquor License No.:

AA-03699

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

4100 N Washington St

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-751-0737

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Nathan Wolf

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Tracy Wolf

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Manager's Name:*

Nathan Wolf

Date of Birth:*

[REDACTED]/1984

Percentage of Ownership:*

25

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

C

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

President

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:

Date of Birth:

Percentage of Ownership:

Allan Miller

[Redacted] 1983

25

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

C

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Mandan

ND

58554

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Vice-President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Curtis Miller

[Redacted]/1980

25

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

C

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Mandan

ND

58554

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Vice-President

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Cody Stern

[Redacted]/1983

25

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

C

Home Address:

[Redacted]

City:

Mandan

State:

ND

Zip:

58554

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Vice-President

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Empty text box]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

The listed owners also own Old Ten Bar & Grill LLC located in Mandan, ND

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

The applicant business is a family restaurant, and two of the four owners own a construction business named Anyleaks, Inc.

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Old 10 Bismarck Gross Food Sales Report A.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Old 10 Bismarck Site Diagram.PDF

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Nathan Wolf

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/3/2024

Electronic Signature

Payment Options:*

Credit Card Authorization Form



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Old 10 Bismarck Credit Card Authorization 2024.PDF

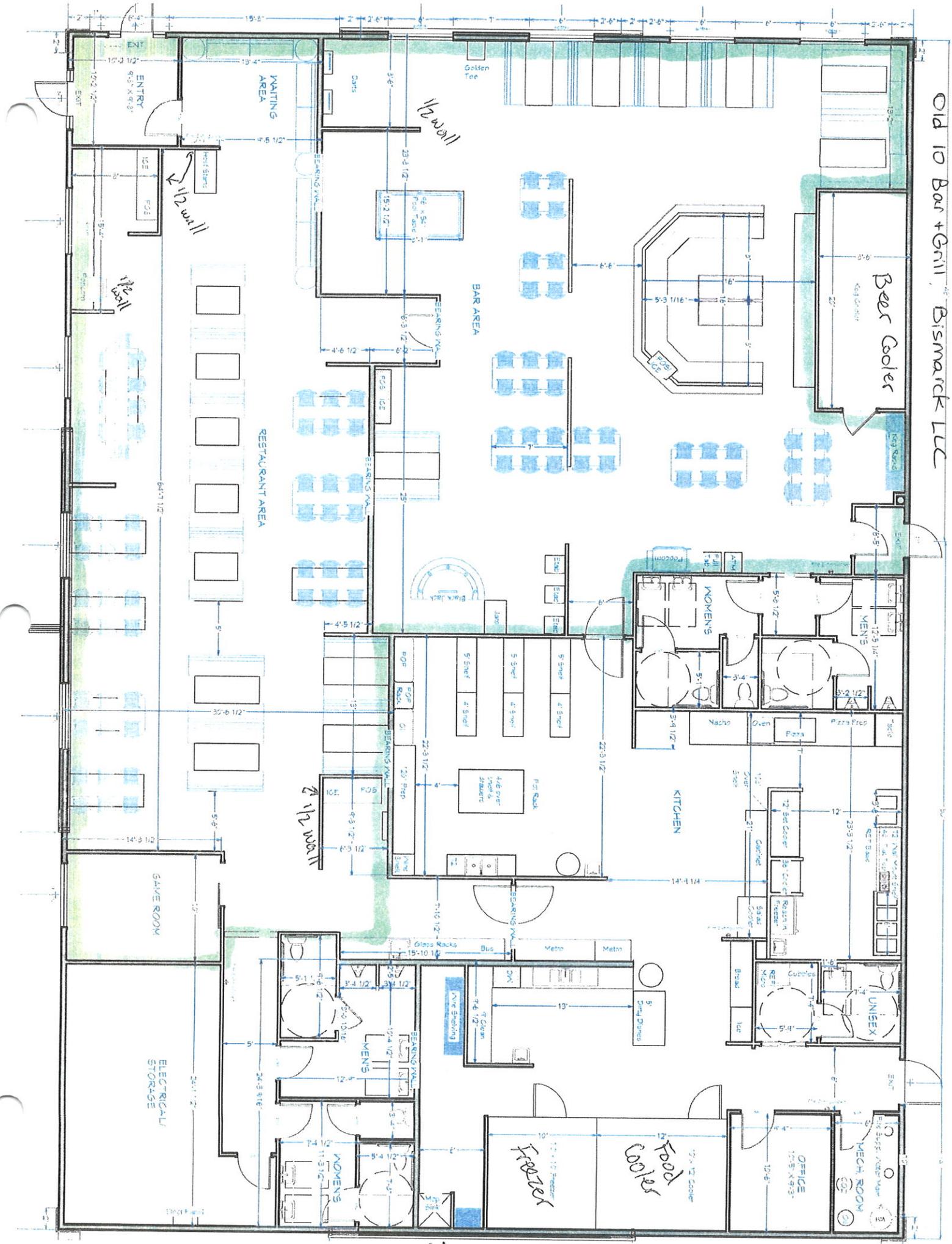
Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Old 10 Bar & Grill Bismarck LLC

	<u>May 1 - 29, 23</u>	
Income		
Total Wine Sales	\$	1,762.86
Total Liquor Sales	\$	27,919.59
Total Beer Sales	\$	55,333.90
Total Food Sales	\$	196,853.25
Total Non-Alcoholic Beverage Sales	\$	9,234.13
Total Merchandise Sales	\$	190.80
Total Income	\$	291,294.53

Note: We only opened in the middle of April 2023 so have no prior calendar years numbers to submit with this renewal form



Beer Cooler

KITCHEN

RESTAURANT AREA

WAITING AREA

BAR AREA

MECH. ROOM

OFFICE

Food Cooler

Freezer

MENS

WOMENS

MENS

WOMENS

SHOE ROOM

ELECTRICAL STORAGE

ENTRY

ICE

FOOD

ICE

Print

Retail Alcohol Beverage License - Submission #22850

Date Submitted: 5/9/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Farmers Union Oil Company of Moorhead, MN

Doing Business As (DBA) Name, if Applicable:*

Petro Serve USA #077

Date of Incorporation:*

1934

State of ND Liquor License No.:

AB-01374

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1120 East Divide Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-223-1949

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Clark Erickson - COO

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Jenni Chadduck

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

West Fargo

State:*

ND

Zip:*

58078

Phone No.:*

[Redacted]

Manager's Name:*

Grace Aaker

Date of Birth:*

[Redacted]/1974

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Female

Race:

Caucasian

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Store Manager

Email Address:

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:

Dale Fischer

Date of Birth:

[Redacted]/1954

Percentage of Ownership:

0

Driver's License No.:

[Redacted]

State Issued:

MN

Gender:

Male

Race:

Caucasian

Home Address:

[Redacted]

City:

Glyndon

State:

MN

Zip:

56547

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Board President

Name:

Date of Birth:

Percentage of Ownership:

See Uploaded list of other Officers & Directors

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email address:

Please submit all officers that will not fit on this form.

DIR W LICENSE INFO.pdf

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

City of Mandan - Petro Serve USA #078 & #079 also sell beer

City of Bemidji, MN - Petro Serve USA #057 used to have a beer license to sell 3:2 offsale beer. We no longer carry this license or any alcohol products at this location and haven't for several years.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

77 OFFSALE DIAGRAM.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Clark Erickson

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/9/2024

Electronic Signature

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300 ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Customer Ref.	Name	Address 1	Address 2	City	ST	Zip Code	Phone #
0260099	FISCHER, DALE L	PO BOX 36		GLYNDON	MN	56547-0036	218-498-2533
	Phone #: 218-498-2533	Fax #: LP AG 2009		Contact: Director - President - 2021			
	Birth: 06/01/1954	<i>MN-E335066510811</i>	<i>white-male-farmer</i>				
0654501	NELSON, JAMES C	4567 70TH AVE S		MOORHEAD	MN	56560-7607	701-866-0597
	Email: jamesjill14602@msn.com	Fax #:		Contact: Director - 2021			
	Phone #: 701-866-0597	<i>MN-T860221759814</i>	<i>white-male-farmer</i>				<i>Vice President</i>
	Birth: 08/03/1979						
0717050	SCHROEDER, DAVID A	7500 80TH ST SO		SABIN	MN	56580-9515	218-789-7654
	Email: toneseker1@gmail.com	Fax #: 218-790-8827 Cell		Contact: DIRECTOR - 2020			
	Phone #: 218-789-7654	<i>MN-m553185299313</i>	<i>white-male-farmer</i>				
	Birth: 12/31/1954						
0884221	SUNDE, TIM J	1112 6th AVENUE NE		DILWORTH	MN	56529	701-261-6673
	Email: anitaflatt@hotmail.com	Fax #: CARDS 0001,0002,0003		Contact: Director - 2022			
	Phone #: 701-261-6673	<i>MN-P716122861014</i>	<i>white-male-farmer</i>				
	Birth: 03/24/1956						
0896470	TANG, WAYNE K	25226 TOWN & COUNTRY		DETROIT LAKES	MN	56501	218-847-2180
	Email: wtang69252@aol.com	Fax #: cell 701-866-2003		Contact: Director -			
	Phone #: 218-847-2180	<i>ND-TAN-54-4169</i>	<i>white-male-farmer</i>				2020
	Birth: 09/18/1954						
State: ND							
0230470	ERICKSON, CLARK	ERICKSON, SHERRI	310 51ST AVE E	WEST FARGO	ND	58078	701-238-2338
	Email: cerickson@businessoperationsinc.com	Fax #: CELL		Contact: COO			
	Phone #: 701-238-2338	<i>ND-ERI-64-7492</i>	<i>white-male-C.O.O.</i>				
	Birth: 02/24/1964						
1410837	HEJL, JOHN A	15560 28TH STREET		AMENIA	ND	58044-9746	USE HEJL FARM
	Phone #: USE HEJL FARM	Fax #: 1410640		Contact: 1410640			<i>Secretary</i>
	Birth: 06/24/1985	<i>ND-HEJ-85-2466</i>	<i>white-male-farmer</i>				
1588174	MADSEN, DALE R	P O BOX 384	361 6TH AVE S	CASSELTON	ND	58012-0384	701-347-5615
	Email: dmadsen636@aol.com	Fax #: CELL 367-4631		Contact: Director - 2020			
	Phone #: 701-347-5615	<i>ND-MAD-49-7885</i>	<i>white-male-farmer</i>				
	Birth: 04/02/1949						
0801500	SATRANG, KENT G	3343 Maple Leaf Loop		FARGO	ND	58104	701-790-5075
	Email: sat711rang@aol.com	Fax #: CELL		Contact: CEO/GM			
	Phone #: 701-790-5075	<i>ND-SAT-57-8423</i>	<i>white-male-CEO</i>				
	Birth: 11/07/1957						

All are 0% ownership- company is a customer-owned coop.

Print

Retail Alcohol Beverage License - Submission #22840

Date Submitted: 5/9/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Doublewood of Bismarck Inc

Doing Business As (DBA) Name, if Applicable:*

Ramada Hotel

Date of Incorporation:*

06/08/1982

State of ND Liquor License No.:

North Dakota

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1400 EAST INTERCHANGE AVE

City:*

Bismarck

State:*

North Dakota

Zip:*

58501-2077

Phone No.:*

7012587000

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Heather Link, Controller

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Heather Link

Email Address:*

[Redacted]

Mailing Address:*

3333 13th Ave S

City:*

Fargo

State:*

ND

Zip:*

58103

Phone No.:*

[Redacted]

Manager's Name:*

Tyler Gangl

Date of Birth:*

[Redacted]/1998

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

male

Race:

caucasian

Home Address:

[Redacted]

City:

Mandan

State:

ND

Zip:

58554

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Hotel Management

Email Address:

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:

Stacy Gangl

Date of Birth:

[Redacted]/1970

Percentage of Ownership:

100

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

female

Race:

caucasian

Home Address:

[Redacted]

City:

Mandan

State:

ND

Zip:

58554

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

Yes

No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

Yes

No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

Yes

No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Fargo Doublewood Lounge, Baymont Inn Mandan, Minot Microtel

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

AR_20210525.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Stacy Gangl

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/9/2024

Electronic Signature

Payment Options:*

Check By Mail ▼

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

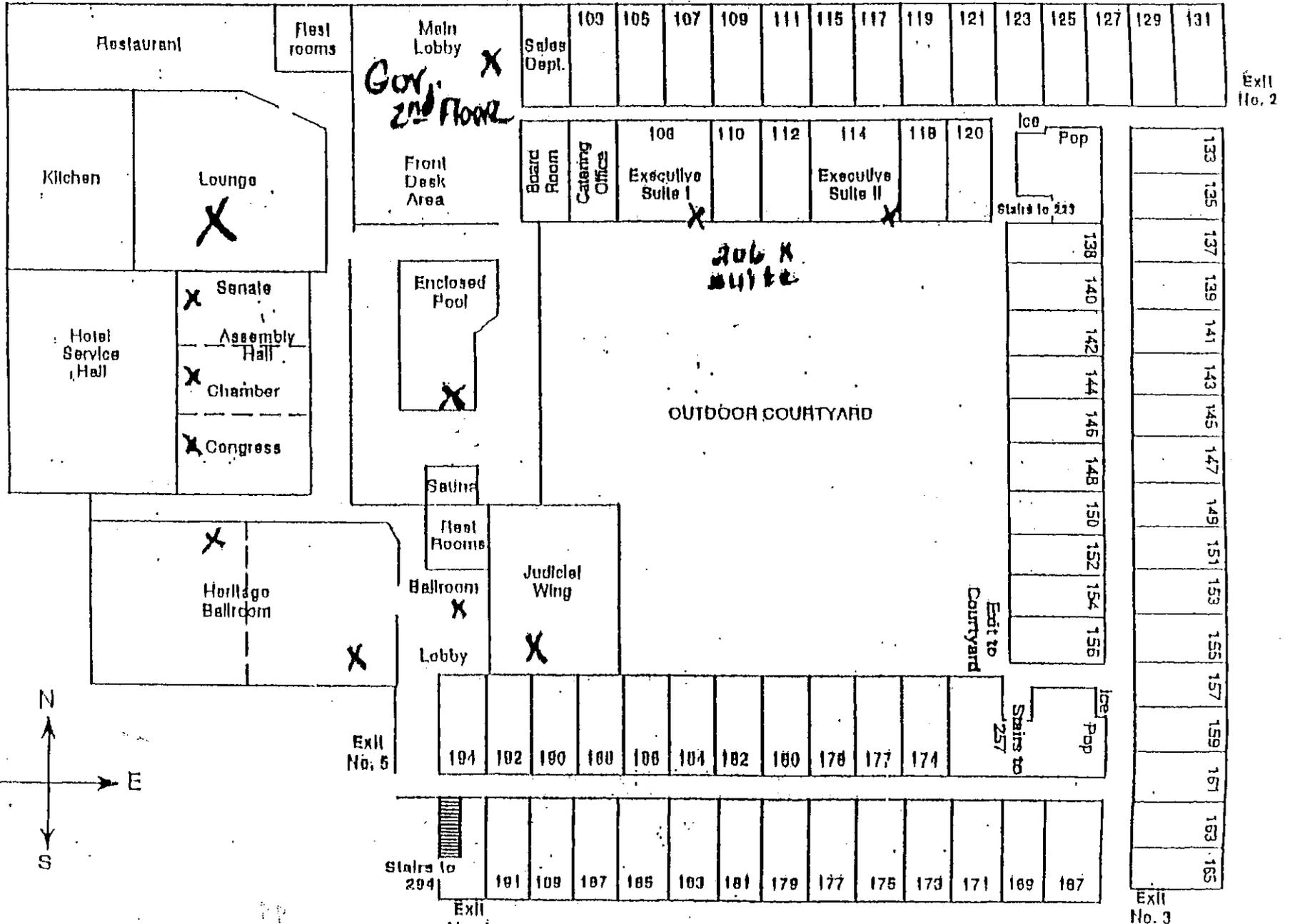
Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

indicates
location of
Banquet BAR / Lounge

Ramada Bismarck Hotel GUEST SERVICE MAP

1400 East Interchange • Bismarck, ND • 258-7000
1-800-554-7077





APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/6/2024

License Type:				
	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6: Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input type="checkbox"/> \$4,100
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input checked="" type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:				
Legal Business Name: LEIER ENTERPRISES INC		Date of Incorporation: 3-4-92	State Business ID Number: 7,880,800	
Doing Business As (DBA) Name, if Applicable: ROCK'N 50'S CAFE		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: 2700 STATE ST. BISMARCK	City: BISMARCK	State: ND	Zip: 58503	Phone Number: 701-222-4612
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): DARWIN LEIER, PRESIDENT				

Contact Information (Where correspondence is to be sent):				
Primary Contact: DARWIN LEIER		Phone Number: 701-222-4612	Email Address: [REDACTED]	
Mailing Address: 2700 STATE ST		City: BISMARCK	State: ND	Zip: 58503

Manager's Name: DARWIN LEIER		Date of Birth: [REDACTED]-55	Percentage of Ownership: 50%	
Driver's License Number: [REDACTED]		State Issued: ND	Gender: MALE	Race: White
Home Address: [REDACTED]		City: BISMARCK	State: ND	Zip: 58503
Occupation: RESTAURANT MGR.	Phone Number: [REDACTED]	Title: PRESIDENT	Email Address: [REDACTED]	

List all officers or directors of corporation or partners and percentage of ownership:

Name: BECKY KADRMAS		Date of Birth: [REDACTED]-60	Percentage of Ownership: 50%
Driver's License Number: [REDACTED]		State Issued: ND	Gender: FEMALE
Home Address: [REDACTED]		City: BISMARCK	Race: White
Occupation: Flight ATTENDANT		State: ND	Zip: 58503
Phone Number: [REDACTED]	Title: SECRETARY	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:
Home Address:		City:	Race:
Occupation:		State:	Zip:
Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:
Home Address:		City:	Race:
Occupation:		State:	Zip:
Phone Number:	Title:	Email Address:	

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:		State Issued:	Gender:
Home Address:		City:	Race:
Occupation:		State:	Zip:
Phone Number:	Title:	Email Address:	

The undersigned states that the following information is true and correct.

1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please explain:
2. Have any of the persons listed above been convicted of any crime within the past five years? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details:
6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please give details:
11. Have all property taxes and special assessments currently due been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:

Signature:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

Darwin L. Leier, Pres.

Signature of Applicant

5-10-24

Date

Darwin L. Leier, Pres.

Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

North Dakota

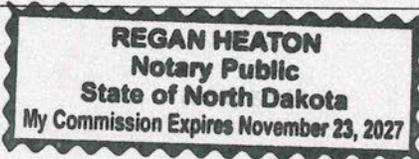
State of

Subscribed and sworn to before me this *10th*

Burleigh

County of

day of *May 2024*



Regan Heaton
Notary Public

My Commission Expires

Rock'n SD'S CAFE

Dishwashing
AREA

Kitchen

Liquor storage

Liquor

BEER

BEER
COOLER

Rest
room

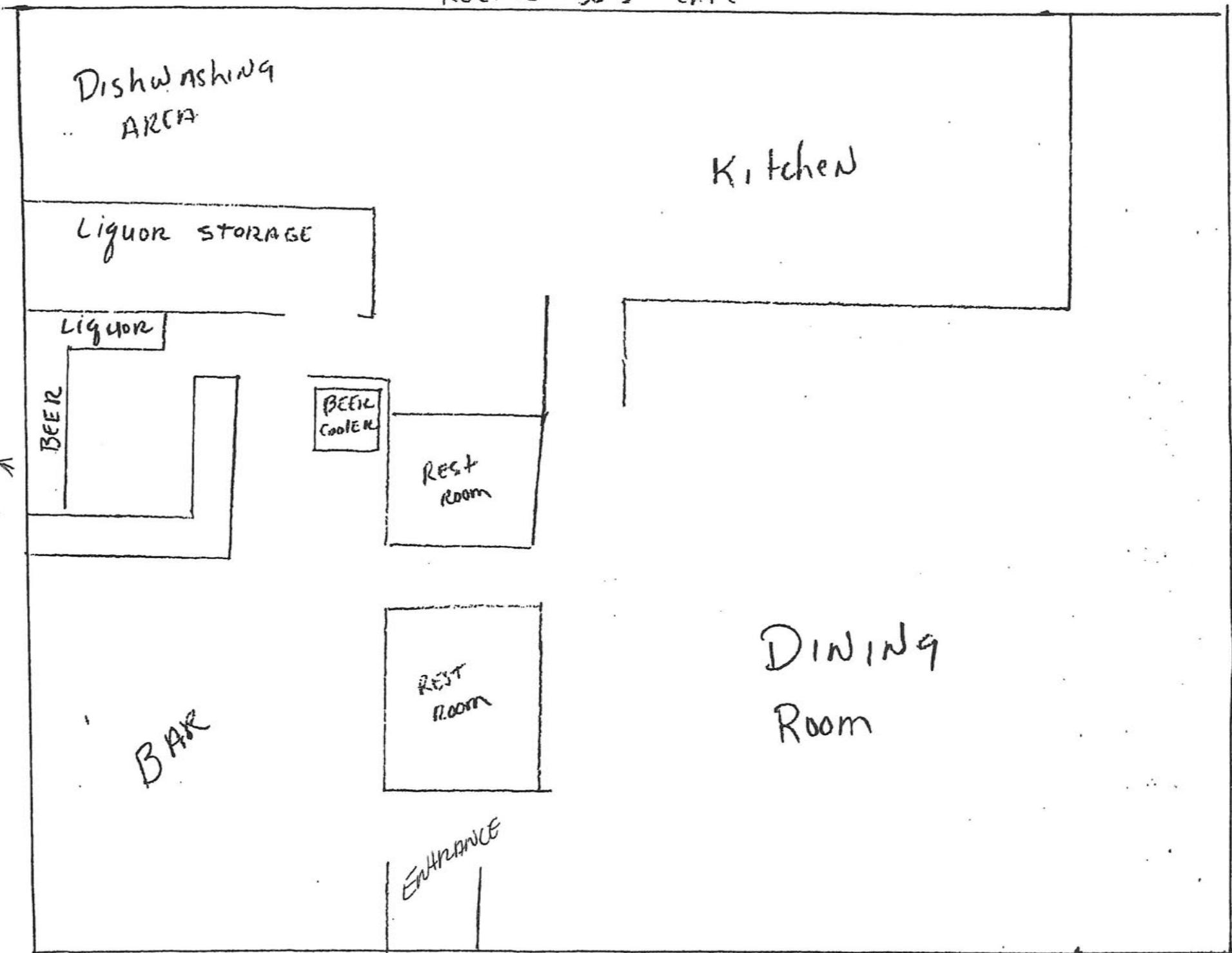
REST
ROOM

DINING
Room

BAR

ENTRANCE

North
↑



Print

Retail Alcohol Beverage License - Submission #22970

Date Submitted: 5/17/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Bismarck Cuisine Inc

Doing Business As (DBA) Name, if Applicable:*

Ruby

Date of Incorporation:*

3-1-2007

State of ND Liquor License No.:

AA-02440

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

3520 State Street

City:*

Bismarck

State:*

NORTH DAKOTA

Zip:*

58503

Phone No.:*

701-751-4100

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Todd Hoekstra Vice President

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Todd Hoekstra

Email Address:*

[Redacted]

Mailing Address:*

3130 W 57th Street Ste 100B

City:*

Sioux Falls

State:*

SD

Zip:*

57108

Phone No.:*

6052613699

Manager's Name:*

Grant Geerdes

Date of Birth:*

[Redacted]-76

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

W

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Restaurant Manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Lee Howell

Date of Birth:*

[Redacted]-66

Percentage of Ownership:*

50

Driver's License No.:*

[Redacted]

State Issued:*

South Dakota

Gender:

M

Race:

W

Home Address:*

[Redacted]

City:*

Sioux Falls

State:*

South Dakota

Zip:*

57108

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President

[Redacted Email Address]

Name:

Date of Birth:

Percentage of Ownership:

Todd Allen Hoekstra

[Redacted] 67

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

SD

M

W

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Sioux Falls

SD

57110

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Vice President

[Redacted Email Address]

Name:

Date of Birth:

Percentage of Ownership:

[Empty Name Field]

[Empty Date of Birth Field]

[Empty Percentage of Ownership Field]

Driver's License No.:

State Issued:

Gender:

Race:

[Empty Driver's License No. Field]

[Empty State Issued Field]

[Empty Gender Field]

[Empty Race Field]

Home Address:

[Empty text box for Home Address]

City:

[Empty text box for City]

State:

[Empty text box for State]

Zip:

[Empty text box for Zip]

Phone No.:

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

[Empty text box for Officer/Director/Stockholder Title]

Email address:

[Empty text box for Email address]

Please submit all officers that will not fit on this form.

Choose File No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Empty text box for explanation]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box for convictions]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Lee Howell and Todd Hoekstra, Own and operate Ruby Tuesday Restaurants in the following states and municipalities. Fargo ND, Sioux Fall, Mitchell, Aberdeen, and Rapid City SD, Gillette WY and Urbandale IA.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

Bismarck liquor license info.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck Liq Floor Plan.jpg

Liquor License Transfers

Download Required Form for License Transfer:
[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Todd Hoekstra

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/17/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Print

Retail Alcohol Beverage License - Submission #22838

Date Submitted: 5/8/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

RUNTO ASIAN CUISINE,INC

Doing Business As (DBA) Name, if Applicable:*

SHOGUN JAPANESE STEAKHOUSE

Date of Incorporation:*

08/27/2017

State of ND Liquor License No.:

ND

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

2700 STATE STREET, H1

City:*

BISMARCK

State:*

ND

Zip:*

58503

Phone No.:*

7012509888

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Qiang Wang

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Qiang Wang

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

BISMARCK

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Manager's Name:*

QIANG WANG

Date of Birth:*

[REDACTED]/1977

Percentage of Ownership:*

100%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

M

ASIAN

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

BISMARCK

ND

58503

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

MANAGER

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:

Date of Birth:

Percentage of Ownership:

QIANG WANG

[Redacted]/1977

100%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

M

Asian

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

BISMARCK

ND

58503

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

2023 SALES RETURNS.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

IMG.JPG

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Qiang Wang

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/8/2024

Electronic Signature

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Upload Credit Card Authorization Form

[Credit Card Authorization Form](#)

Choose File No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501



Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Jan-2023
Date Printed: 26-Feb-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,165.00	\$108,105.00
Nontaxable Sales:	\$0.00	\$4,458.00
Net Taxable Sales:	\$8,165.00	\$103,647.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,165.00	\$103,647.00
State Tax:	\$571.55	\$5,182.35
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$86.31
Total State Tax:		<u>\$5,667.59</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Comp Discount*	Net Tax
Bismarck	102	\$1,677.17	\$0.00	\$0.00	\$50.32	\$1,626.85
Burleigh County	506	\$559.06	\$0.00	\$0.00	\$16.77	\$542.29
		\$2,236.23			\$67.09	\$2,169.14

Total Tax: **\$7,836.73**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 2/26/2023 4:36:59 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 28-Feb-2023
Date Printed: 30-Mar-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,857.00	\$103,760.00
Nontaxable Sales:	\$0.00	\$4,438.00
Net Taxable Sales:	\$8,857.00	\$99,322.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,857.00	\$99,322.00
State Tax:	\$619.99	\$4,966.10
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$83.79
Total State Tax:		<u>\$5,502.30</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,622.69	\$0.00	\$0.00	\$48.68	\$1,574.01
Burleigh County	506	\$540.90	\$0.00	\$0.00	\$16.23	\$524.67
		\$2,163.59			\$64.91	\$2,098.68

Total Tax: **\$7,600.98**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 3/30/2023 9:04:50 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Mar-2023
Date Printed: 24-Apr-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,332.00	\$108,238.00
Nontaxable Sales:	\$0.00	\$4,461.00
Net Taxable Sales:	\$8,332.00	\$103,777.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,332.00	\$103,777.00
State Tax:	\$583.24	\$5,188.85
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$86.58
Total State Tax:		<u>\$5,685.51</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,681.64	\$0.00	\$0.00	\$50.45	\$1,631.19
Burleigh County	506	\$560.55	\$0.00	\$0.00	\$16.82	\$543.73
		\$2,242.19			\$67.27	\$2,174.92

Total Tax: **\$7,860.43**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 4/24/2023 12:38:55 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Apr-2023
Date Printed: 18-May-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$7,906.00	\$108,098.00
Nontaxable Sales:	\$0.00	\$3,736.00
Net Taxable Sales:	\$7,906.00	\$104,362.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$7,906.00	\$104,362.00
State Tax:	\$553.42	\$5,218.10
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$86.57
Total State Tax:		<u>\$5,684.95</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,684.02	\$0.00	\$0.00	\$50.52	\$1,633.50
Burleigh County	506	\$561.34	\$0.00	\$0.00	\$16.84	\$544.50
		\$2,245.36			\$67.36	\$2,178.00

Total Tax: **\$7,862.95**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 5/18/2023 11:55:38 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-May-2023
Date Printed: 22-Jun-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,388.00	\$96,021.00
Nontaxable Sales:	\$0.00	\$3,326.00
Net Taxable Sales:	\$8,388.00	\$92,695.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,388.00	\$92,695.00
State Tax:	\$587.16	\$4,634.75
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$78.33
Total State Tax:		<u>\$5,143.58</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,516.25	\$0.00	\$0.00	\$45.49	\$1,470.76
Burleigh County	506	\$505.42	\$0.00	\$0.00	\$15.16	\$490.26
		\$2,021.67			\$60.65	\$1,961.02

Total Tax: **\$7,104.60**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 6/22/2023 5:47:17 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Jun-2023
Date Printed: 27-Jul-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$6,753.00	\$90,561.00
Nontaxable Sales:	\$0.00	\$3,939.00
Net Taxable Sales:	\$6,753.00	\$86,622.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$6,753.00	\$86,622.00
State Tax:	\$472.71	\$4,331.10
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$72.06
Total State Tax:		<u>\$4,731.75</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,400.63	\$0.00	\$0.00	\$42.02	\$1,358.61
Burleigh County	506	\$466.88	\$0.00	\$0.00	\$14.01	\$452.87
		\$1,867.51			\$56.03	\$1,811.48

Total Tax: **\$6,543.23**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 7/27/2023 9:10:43 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Jul-2023
Date Printed: 24-Aug-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,027.00	\$89,904.00
Nontaxable Sales:	\$0.00	\$4,177.00
Net Taxable Sales:	\$8,027.00	\$85,727.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,027.00	\$85,727.00
State Tax:	\$561.89	\$4,286.35
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$72.72
Total State Tax:		<u>\$4,775.52</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,406.31	\$0.00	\$0.00	\$42.19	\$1,364.12
Burleigh County	506	\$468.77	\$0.00	\$0.00	\$14.06	\$454.71
		\$1,875.08			\$56.25	\$1,818.83

Total Tax: **\$6,594.35**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 8/24/2023 9:47:00 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Aug-2023
Date Printed: 25-Sep-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,487.00	\$95,718.00
Nontaxable Sales:	\$0.00	\$3,212.00
Net Taxable Sales:	\$8,487.00	\$92,506.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,487.00	\$92,506.00
State Tax:	\$594.09	\$4,625.30
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$78.29
Total State Tax:		\$5,141.10

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,514.90	\$0.00	\$0.00	\$45.45	\$1,469.45
Burleigh County	506	\$504.97	\$0.00	\$0.00	\$15.15	\$489.82
		\$2,019.87			\$60.60	\$1,959.27

Total Tax: **\$7,100.37**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 9/25/2023 2:21:42 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Sep-2023
Date Printed: 23-Oct-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$8,119.00	\$90,701.00
Nontaxable Sales:	\$0.00	\$4,567.00
Net Taxable Sales:	\$8,119.00	\$86,134.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$8,119.00	\$86,134.00
State Tax:	\$568.33	\$4,306.70
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$73.13
Total State Tax:		<u>\$4,801.90</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,413.79	\$0.00	\$0.00	\$42.41	\$1,371.38
Burleigh County	506	\$471.26	\$0.00	\$0.00	\$14.14	\$457.12
		\$1,885.05			\$56.55	\$1,828.50

Total Tax: **\$6,630.40**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 10/23/2023 4:19:08 PM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Oct-2023
Date Printed: 29-Nov-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$7,817.00	\$94,955.00
Nontaxable Sales:	\$0.00	\$10,450.00
Net Taxable Sales:	\$7,817.00	\$84,505.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$7,817.00	\$84,505.00
State Tax:	\$547.19	\$4,225.25
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$71.59
Total State Tax:		<u>\$4,700.85</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,384.85	\$0.00	\$0.00	\$41.55	\$1,343.30
Burleigh County	506	\$461.61	\$0.00	\$0.00	\$13.85	\$447.76
		\$1,846.46			\$55.40	\$1,791.06

Total Tax: **\$6,491.91**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 11/29/2023 10:22:13 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 30-Nov-2023
Date Printed: 26-Dec-2023
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$7,602.00	\$97,338.00
Nontaxable Sales:	\$0.00	\$14,771.00
Net Taxable Sales:	\$7,602.00	\$82,567.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$7,602.00	\$82,567.00
State Tax:	\$532.14	\$4,128.35
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$69.91
Total State Tax:		<u>\$4,590.58</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,352.54	\$0.00	\$0.00	\$40.58	\$1,311.96
Burleigh County	506	\$450.85	\$0.00	\$0.00	\$13.53	\$437.32
		\$1,803.39			\$54.11	\$1,749.28

Total Tax: **\$6,339.86**

*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 12/26/2023 10:48:38 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Name: SHOGUN JAPANESE STEAK HOUSE
Account Number: [REDACTED]
Tax Type: Sales, Use, Gross Receipts Tax
Filing Frequency: Monthly - FCA Required
Period Ending: 31-Dec-2023
Date Printed: 27-Jan-2024
TAP Confirmation Number: [REDACTED]



Return Summary

	Column A (Non-General Sales)	Column B (General Sales-5%)
Total Sales:	\$10,478.00	\$121,199.00
Nontaxable Sales:	\$0.00	\$17,099.00
Net Taxable Sales:	\$10,478.00	\$104,100.00
Items Subject to Use Tax:	\$0.00	\$0.00
Taxable Balance:	\$10,478.00	\$104,100.00
State Tax:	\$733.46	\$5,205.00
Penalty*:	\$0.00	\$0.00
Interest*:	\$0.00	\$0.00
Comp Discount*:		\$89.08
Total State Tax:		<u>\$5,849.38</u>

Local Option Sales, Use and Gross Receipts Taxes

City/County	Local Code	Tax	Penalty*	Interest*	Cmp Discount*	Net Tax
Bismarck	102	\$1,718.67	\$0.00	\$0.00	\$51.56	\$1,667.11
Burleigh County	506	\$572.89	\$0.00	\$0.00	\$17.19	\$555.70
		\$2,291.56			\$68.75	\$2,222.81

Total Tax: **\$8,072.19**

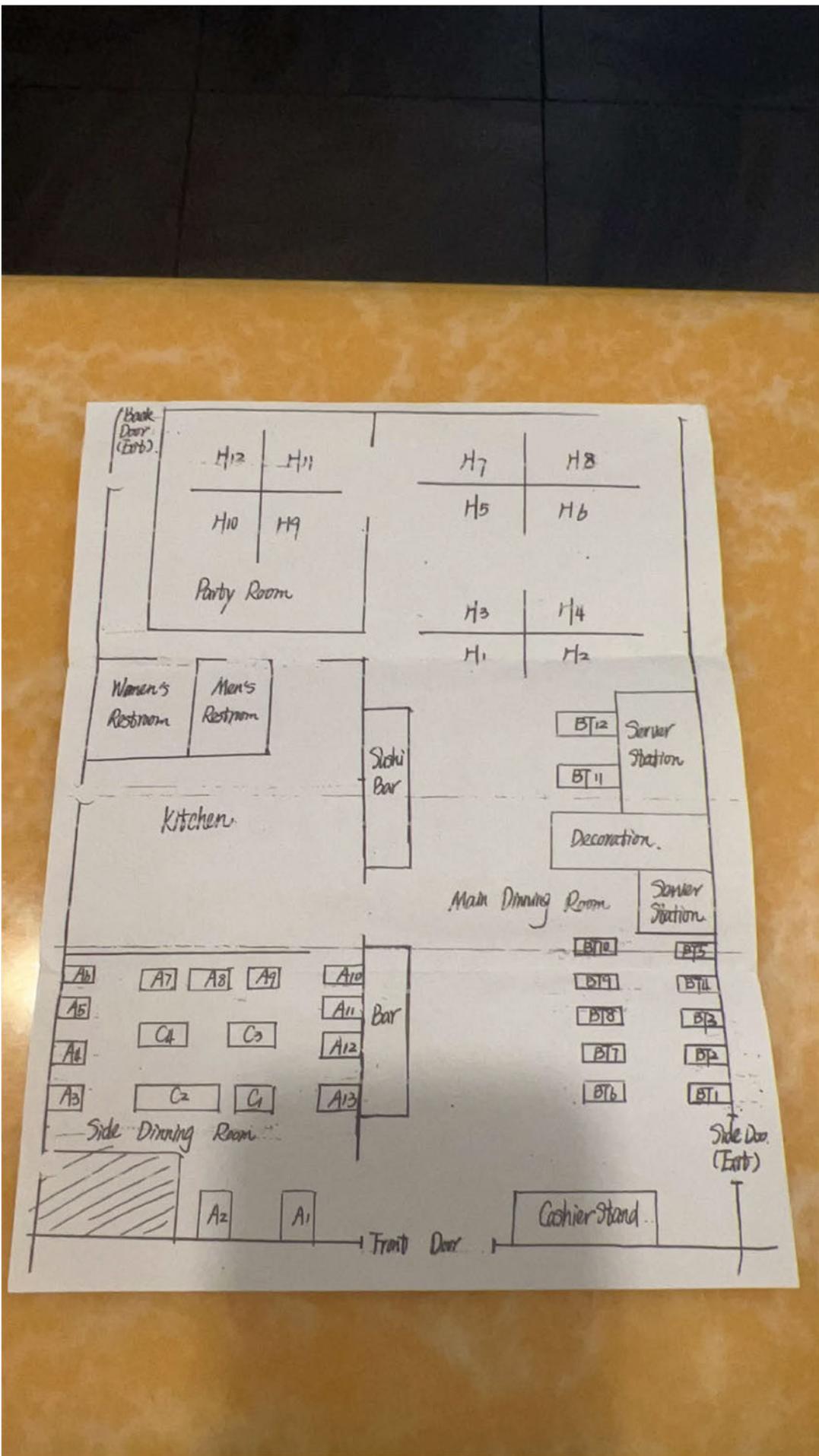
*Estimated Penalty, Interest, and Compensation Discount are only displayed for original returns (not amended returns) filed through TAP.

*This summary is for informational purposes only and should not be mailed to the Office of State Tax Commissioner.

Submitted By: RUNTO
 Submitted Date: 1/27/2024 7:36:08 AM

Contact Name: [REDACTED]
 Contact Phone: [REDACTED]





Print

Retail Alcohol Beverage License - Submission #22787

Date Submitted: 5/3/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

ENGELHARDT ENTERPRISES LLC

Doing Business As (DBA) Name, if Applicable:*

TACO DEL MAR

Date of Incorporation:*

2006

State of ND Liquor License No.:

AB-00052

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1024 S 12th St

City:*

BISMARCK

State:*

Burleigh

Zip:*

58504

Phone No.:*

7012223044

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Angie Engelhardt

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Angela Engelhardt

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Manager's Name:*

Angela Engelhardt

Date of Birth:*

[Redacted]/1974

Percentage of Ownership:*

49

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Female

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Owner/Operator

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Patrick Engelhardt

Date of Birth:*

[Redacted]/1965

Percentage of Ownership:*

51

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner/Operator

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Empty text box for explanation]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box for convictions]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

2023-2024 Sales.pdf

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Taco Del Mar Site Map 2024.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Angie Engelhardt

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/3/2024

Electronic Signature

Payment Options:*

Credit Card Authorization Form



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

CC authorization.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Taco Del Mar

Sales Summary



Sales Summary	From : Monday, May 1, 2023
	To : Tuesday, April 30, 2024

Sales Summary

Default Revenue Center	
Alcohol	1,755.93
Beverage	41,031.83
Food	773,461.44
Default Revenue Center	816,249.20
Gross Sales (no Tax) (no discounts)	816,249.20
Round Difference :	-74.28

Discount & Comps Summary

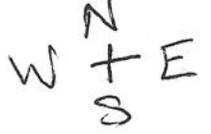
Default Revenue Center	
\$5 Reward Card [374.0]	-1,870.00
10% Off Discount [191.0]	-285.78
15% Off Discount [2.0]	-3.79
30% Discount [2.0]	-2.64
40% Discount [184.0]	-282.64
50% Discount [169.0]	-335.72
Discount \$ [1,339.0]	-6,576.26
Employee 100% [1.0]	-1.00
Employee 50% [18.0]	-36.24
Free Taco [64.0]	-260.30
Loyalty Discount [1,109.0]	-7,499.95
zBuy 1 Burrito Get 2nd Free [4.0]	-31.96
zFREE chips/Queso w/Burrito [1.0]	-1.00
zFREE Drink [10.0]	-25.80
zFREE Kids Meal [298.0]	-1,477.52
zFREE Taco [5.0]	-25.45
Default Revenue Center[3,771.0]	-18,716.05
Total Discounts [3,771.0]	-18,716.05

Tax Summary

Description	Taxable	Tax Exemp	Tax
Default Revenue Center			
TAX:	746,824.19	21,281.28	59,761.21
LIQUOR	1,755.93	0.00	177.06
Default Revenue Center	Total:	21,281.28	59,938.27
	Gross Sale		857,397.14
	Total:		59,938.27
	Total Receipts:		857,397.14

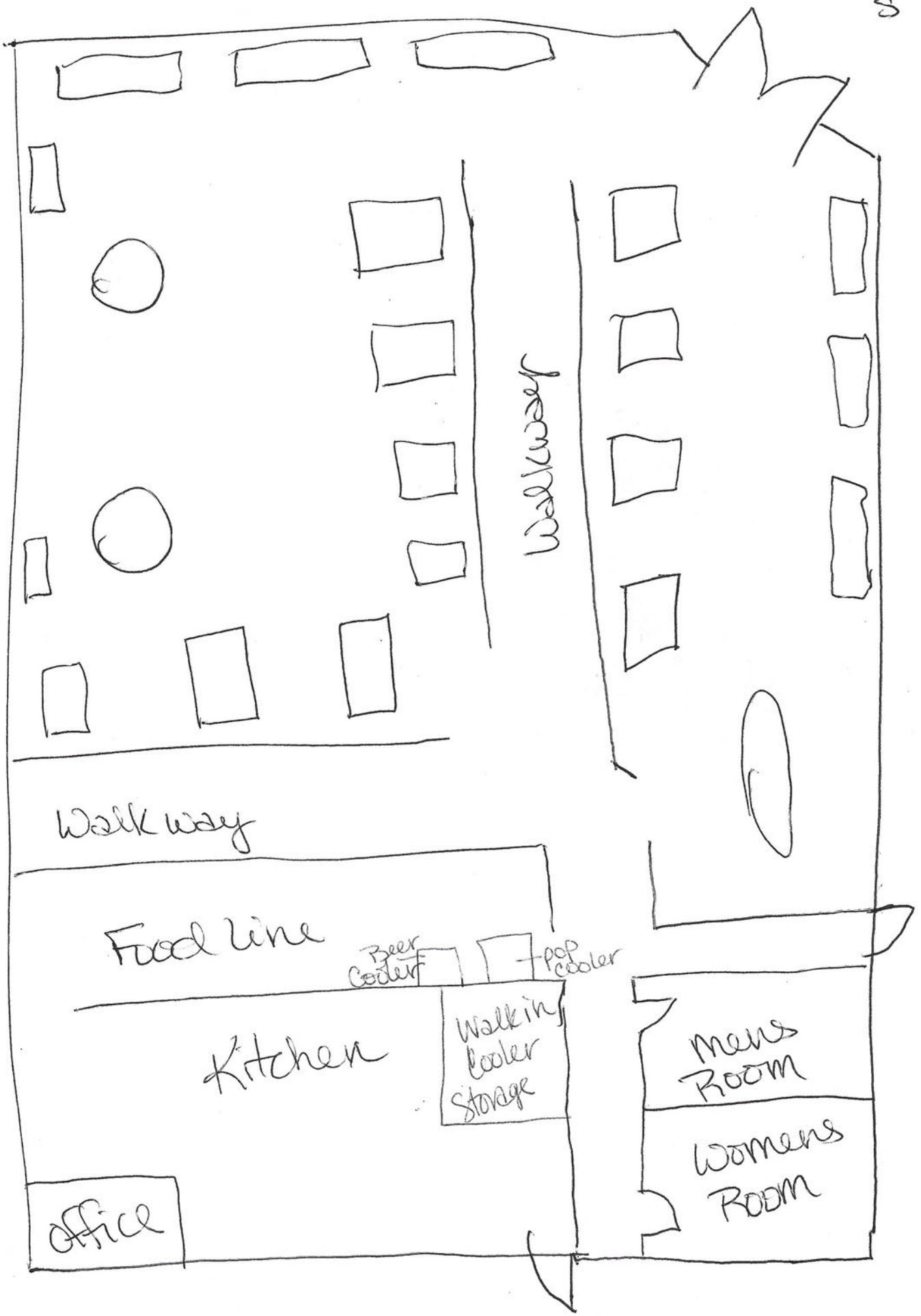
Sales Received

Taco Del Mar



34

~~TDW~~
TDW





APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TDD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 2/6/2024

License Type:	<input type="checkbox"/> New Application	<input checked="" type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
Class A: Nationally Organized Fraternal Order or Club <input type="checkbox"/> \$3,700	Class B-1: Operator of the Beverage Concession at the Airport Terminal Building <input type="checkbox"/> \$650	Class B-2: Concession at the Bismarck Municipal Country Club <input type="checkbox"/> \$650	Class B-3: Commercial passenger vessels on the Missouri River <input type="checkbox"/> \$650	Class B-4: Sale of Beer & Wine at the Bismarck Event Center <input type="checkbox"/> \$650
Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations <input type="checkbox"/> \$650	Class B-6 : Commercial Airline <input type="checkbox"/> \$650	Class C-1: Hotel or Motel Full Service <input type="checkbox"/> \$3,800	Class C-2: Hotel or Motel <input type="checkbox"/> \$1,000	Class D: Sale at Retail of Alcoholic Beverages <input type="checkbox"/> \$4,100
Class E: Sale at Retail of Beer Only <input type="checkbox"/> \$800	Class F-1: Restaurant - Alcoholic Beverages <input checked="" type="checkbox"/> \$3,500	Class F-2: Restaurant - Beer & Wine Only <input type="checkbox"/> \$1,100	Class G: Catered Retail Beer, Wine, & Liquor <input type="checkbox"/> \$650	Class H-1: Domestic Winery <input type="checkbox"/> \$800
Class H-2: Domestic Brewery <input type="checkbox"/> \$800	Class H-3: Domestic Distillery <input type="checkbox"/> \$800	Class I-1: Senior Living Community <input type="checkbox"/> \$350	Class I-2: Complementary <input type="checkbox"/> \$350	

All Class F-1, F-2, & C-2 license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Location Information:				
Legal Business Name: Texas Roadhouse Holdings LLC		Date of Incorporation: 2/24/1997	State Business ID Number:	
Doing Business As (DBA) Name, if Applicable: Texas Roadhouse		If out of state corporation, is corporation registered in North Dakota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Location Address: 1505 Burnt Boat Dr.	City: Bismarck	State: ND	Zip: 58503	Phone Number: (701) 250-6746
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Christopher C. Colson, Corporate Secretary				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Rebecca Wonka		Phone Number: (502) 814-1603	Email Address: licensingrenewals@texasroadhouse.com	
Mailing Address: 6040 Dutchmans Ln	City: Louisville	State: KY	Zip: 40205	

Manager's Name: David Skur		Date of Birth: [REDACTED] 1973	Percentage of Ownership: 0%	
Driver's License Number:		State Issued:	Gender: Male	Race: White
Home Address: [REDACTED]		City: Bismarck	State: ND	Zip: 58503
Occupation: Restaurant Manger	Phone Number: [REDACTED]	Title: Managing Partner	Email Address: [REDACTED]	

ORGANIZATIONAL FLOW CHART

Texas Roadhouse Holdings LLC
(LICENSEE/APPLICANT)

Texas Roadhouse, Inc.
(A Publicly Traded Company)
(100% Owner/Manager of Texas Roadhouse Holdings LLC)

Officers of Texas Roadhouse, Inc.

<u>Title</u>	<u>Full Name / Home Address</u>	<u>Common Stock Ownership</u>
Chief Executive Officer & President:	Gerald L. Morgan, [REDACTED] Simpsonville, KY 40067	*
Chief Financial Officer:	Tonya R. Robinson, [REDACTED] Shelbyville, KY 40065	*
Chief Marketing Officer:	S. Chris Jacobsen, [REDACTED] Anchorage, KY 40223	*
Chief Information Officer:	Hernan E. Mujica, [REDACTED] Louisville, KY 40204	*
Chief Learning & Culture Officer:	Regina A. Tobin, [REDACTED] Louisville, KY 40207	*
General Counsel & Corporate Secretary:	Christopher C. Colson, [REDACTED] Prospect, KY 40059	*

Directors of Texas Roadhouse, Inc.

<u>Title</u>	<u>Full Name / Home Address</u>	<u>Common Stock Ownership</u>
Director:	Gerald L. Morgan, [REDACTED] Simpsonville, KY 40067	*
Director:	Gregory N. Moore, [REDACTED] Lakeway, TX 78734	*
Director:	Curtis A. Warfield, [REDACTED] Prospect, KY 40059	*
Director:	James R. Zarley, [REDACTED] Henderson, NV 89012	*
Director:	Kathleen M. Widmer, [REDACTED] Yardley, PA 19067	*
Director:	Michael A. Crawford, [REDACTED] Canton, OH 44708	*
Director:	Donna T. Epps, [REDACTED] Dallas, TX 75214	*

* Represents beneficial ownership of less than 1.0% of the outstanding shares of class. As set forth in the 2021 annual report.

Officers and Directors of Texas Roadhouse Inc.

OFFICERS & DIRECTORS OF TEXAS ROADHOUSE, INC.

NAME	TITLE	Work #	SSN	DOB	DL #
Gerald Morgan	President and CEO	(502) 426-9984	266-29-3175	9/12/1960	TX 13157942
Tonya Russell Robinson	Chief Financial Officer	(502) 426-9984	401-25-9865	8/4/1968	KY R92-270-305
Chris Jacobsen	Chief Marketing Officer	(502) 426-9984	591-07-7788	3/11/1965	KY J02-685-692
Hernan Mujica	Chief Information Officer	(502) 426-9984	097-60-2956	10/26/1961	KY M13-389-985
Regina Tobin	Chief Learning and Culture Officer	(502) 426-9984	238-23-5735	8/22/1963	KY T97-926-436
Chris Colson	Corporate Secretary	(502) 426-9984	404-17-5661	9/30/1976	KY C92-261-635
Gregory Nance Moore	Director	(502) 426-9984	466-80-6893	10/12/1949	TX 45514718
Curtis Warfield	Director	(502) 426-9984	403-21-8165	3/6/1968	KY W02-846-321
James Richard Zarley	Director	(502) 426-9984	359-34-9662	7/12/1944	NV 1701803096
Kathleen Medaris Widmer	Director	(502) 426-9984	216-88-3219	10/25/1961	PA 26177684
Mike Crawford	Director	(502) 426-9984	283-68-0593	9/19/1967	OH PQ924277
Donna Epps	Director	(502)426-9984	453-33-6777	4/8/1964	TX 10120347

The undersigned states that the following information is true and correct.

<p>1. Are the manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If no, please explain:</p>
<p>2. Have any of the persons listed above been convicted of any crime within the past five years?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, list all convictions and the dates, locations and sentence of disposition of each:</p>
<p>3. Does the building meet all state and local sanitation and safety requirements? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, please give details:</p>
<p>5. If a new application, has the applicant or any of the persons listed above engaged in the sale or transportation of alcoholic beverages previously?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give details: n/a</p>
<p>6. Has the applicant, or any of the persons listed above, within the past five years, had an application for any federal or state, or local license of any type rejected or denied?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, please give details:</p>
<p>7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, please give details:</p>
<p>8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?</p> <p style="text-align: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, please give details:</p>
<p>9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other licensed liquor establishment within or without the State of North Dakota?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give details: Texas Roadhouse - Fargo, ND Texas Roadhouse - Grand Forks, ND</p>
<p>10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give details: Restaurant - Food Sales</p>
<p>11. Have all property taxes and special assessments currently due been paid?</p> <p style="text-align: right;"><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If no, please give details:</p>

Signature:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.



Signature of Applicant

5-13-2024
Date

Christopher C. Colson, Corporate Secretary
Print Name / Title of Officer

Liquor License Transfers (only use if license is being transferred):

The Class _____ license owned by me is transferred to Applicant upon successful application.

Business Name

Applicant Business Name

Original License Holder Name Printed

Transfer Applicant Name Printed

Original License Holder Signature

Transfer Applicant Signature

State of

Subscribed and sworn to before me this _____

County of

day of _____

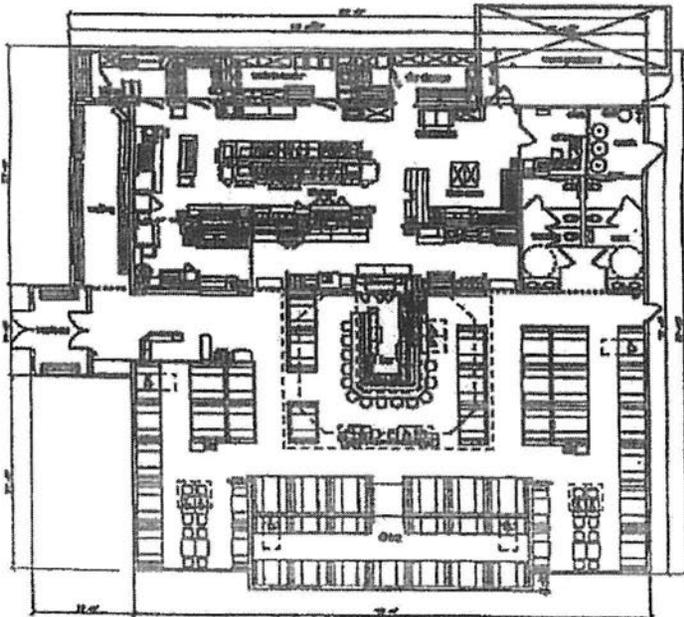
Notary Seal

Notary Public

My Commission Expires

TEXAS Road House

Burnt Boat Dr. and Tyler Parkway
Bismarck, ND



GENERAL NOTES

SPECIAL CONDITIONS

The contractor shall verify with the architect the location of all existing conditions before starting work on the project.

Any work on the building shall be done in accordance with the specifications and drawings. The contractor shall be responsible for obtaining all necessary permits and licenses for the project.

The contractor shall be responsible for the safety of the workers and the public during the construction of the project.

The contractor shall be responsible for the protection of the existing structures and utilities on the site.

The contractor shall be responsible for the removal and disposal of all debris and waste from the project.

The contractor shall be responsible for the cleanup of the site after the completion of the project.

SPECIAL SPECIFICATIONS

1. The contractor shall use the highest quality materials for the project.
2. The contractor shall use the highest quality workmanship for the project.
3. The contractor shall use the highest quality labor for the project.
4. The contractor shall use the highest quality equipment for the project.
5. The contractor shall use the highest quality subcontractors for the project.

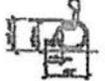


TABLE AND BOOTH ACCESS

SCHEDULE OF DRAWINGS

GENERAL	ELECTRICAL
01 GENERAL PLAN	01 GENERAL PLAN
02 FOUNDATION PLAN	02 FOUNDATION PLAN
03 FLOOR PLAN	03 FLOOR PLAN
04 ROOF PLAN	04 ROOF PLAN
05 SECTION PLAN	05 SECTION PLAN
06 ELEVATION PLAN	06 ELEVATION PLAN
07 MECHANICAL PLAN	07 MECHANICAL PLAN
08 PLUMBING PLAN	08 PLUMBING PLAN
09 FINISH PLAN	09 FINISH PLAN
10 SPECIALTY PLAN	10 SPECIALTY PLAN
11 CONTRACT ADMINISTRATION	11 CONTRACT ADMINISTRATION
12 GENERAL NOTES	12 GENERAL NOTES
13 ELECTRICAL SYMBOLS	13 ELECTRICAL SYMBOLS
14 MECHANICAL SYMBOLS	14 MECHANICAL SYMBOLS
15 PLUMBING SYMBOLS	15 PLUMBING SYMBOLS
16 FINISH SYMBOLS	16 FINISH SYMBOLS
17 SPECIALTY SYMBOLS	17 SPECIALTY SYMBOLS
18 GENERAL NOTES	18 GENERAL NOTES
19 ELECTRICAL NOTES	19 ELECTRICAL NOTES
20 MECHANICAL NOTES	20 MECHANICAL NOTES
21 PLUMBING NOTES	21 PLUMBING NOTES
22 FINISH NOTES	22 FINISH NOTES
23 SPECIALTY NOTES	23 SPECIALTY NOTES
24 GENERAL NOTES	24 GENERAL NOTES
25 ELECTRICAL NOTES	25 ELECTRICAL NOTES
26 MECHANICAL NOTES	26 MECHANICAL NOTES
27 PLUMBING NOTES	27 PLUMBING NOTES
28 FINISH NOTES	28 FINISH NOTES
29 SPECIALTY NOTES	29 SPECIALTY NOTES
30 GENERAL NOTES	30 GENERAL NOTES
31 ELECTRICAL NOTES	31 ELECTRICAL NOTES
32 MECHANICAL NOTES	32 MECHANICAL NOTES
33 PLUMBING NOTES	33 PLUMBING NOTES
34 FINISH NOTES	34 FINISH NOTES
35 SPECIALTY NOTES	35 SPECIALTY NOTES
36 GENERAL NOTES	36 GENERAL NOTES
37 ELECTRICAL NOTES	37 ELECTRICAL NOTES
38 MECHANICAL NOTES	38 MECHANICAL NOTES
39 PLUMBING NOTES	39 PLUMBING NOTES
40 FINISH NOTES	40 FINISH NOTES
41 SPECIALTY NOTES	41 SPECIALTY NOTES
42 GENERAL NOTES	42 GENERAL NOTES
43 ELECTRICAL NOTES	43 ELECTRICAL NOTES
44 MECHANICAL NOTES	44 MECHANICAL NOTES
45 PLUMBING NOTES	45 PLUMBING NOTES
46 FINISH NOTES	46 FINISH NOTES
47 SPECIALTY NOTES	47 SPECIALTY NOTES
48 GENERAL NOTES	48 GENERAL NOTES
49 ELECTRICAL NOTES	49 ELECTRICAL NOTES
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54 GENERAL NOTES	54 GENERAL NOTES
55 ELECTRICAL NOTES	55 ELECTRICAL NOTES
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58 FINISH NOTES	58 FINISH NOTES
59 SPECIALTY NOTES	59 SPECIALTY NOTES
60 GENERAL NOTES	60 GENERAL NOTES
61 ELECTRICAL NOTES	61 ELECTRICAL NOTES
62 MECHANICAL NOTES	62 MECHANICAL NOTES
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64 FINISH NOTES	64 FINISH NOTES
65 SPECIALTY NOTES	65 SPECIALTY NOTES
66 GENERAL NOTES	66 GENERAL NOTES
67 ELECTRICAL NOTES	67 ELECTRICAL NOTES
68 MECHANICAL NOTES	68 MECHANICAL NOTES
69 PLUMBING NOTES	69 PLUMBING NOTES
70 FINISH NOTES	70 FINISH NOTES
71 SPECIALTY NOTES	71 SPECIALTY NOTES
72 GENERAL NOTES	72 GENERAL NOTES
73 ELECTRICAL NOTES	73 ELECTRICAL NOTES
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76 FINISH NOTES	76 FINISH NOTES
77 SPECIALTY NOTES	77 SPECIALTY NOTES
78 GENERAL NOTES	78 GENERAL NOTES
79 ELECTRICAL NOTES	79 ELECTRICAL NOTES
80 MECHANICAL NOTES	80 MECHANICAL NOTES
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82 FINISH NOTES	82 FINISH NOTES
83 SPECIALTY NOTES	83 SPECIALTY NOTES
84 GENERAL NOTES	84 GENERAL NOTES
85 ELECTRICAL NOTES	85 ELECTRICAL NOTES
86 MECHANICAL NOTES	86 MECHANICAL NOTES
87 PLUMBING NOTES	87 PLUMBING NOTES
88 FINISH NOTES	88 FINISH NOTES
89 SPECIALTY NOTES	89 SPECIALTY NOTES
90 GENERAL NOTES	90 GENERAL NOTES
91 ELECTRICAL NOTES	91 ELECTRICAL NOTES
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94 FINISH NOTES	94 FINISH NOTES
95 SPECIALTY NOTES	95 SPECIALTY NOTES
96 GENERAL NOTES	96 GENERAL NOTES
97 ELECTRICAL NOTES	97 ELECTRICAL NOTES
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99 PLUMBING NOTES	99 PLUMBING NOTES
100 FINISH NOTES	100 FINISH NOTES
101 SPECIALTY NOTES	101 SPECIALTY NOTES
102 GENERAL NOTES	102 GENERAL NOTES
103 ELECTRICAL NOTES	103 ELECTRICAL NOTES
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106 FINISH NOTES	106 FINISH NOTES
107 SPECIALTY NOTES	107 SPECIALTY NOTES
108 GENERAL NOTES	108 GENERAL NOTES
109 ELECTRICAL NOTES	109 ELECTRICAL NOTES
110 MECHANICAL NOTES	110 MECHANICAL NOTES
111 PLUMBING NOTES	111 PLUMBING NOTES
112 FINISH NOTES	112 FINISH NOTES
113 SPECIALTY NOTES	113 SPECIALTY NOTES
114 GENERAL NOTES	114 GENERAL NOTES
115 ELECTRICAL NOTES	115 ELECTRICAL NOTES
116 MECHANICAL NOTES	116 MECHANICAL NOTES
117 PLUMBING NOTES	117 PLUMBING NOTES
118 FINISH NOTES	118 FINISH NOTES
119 SPECIALTY NOTES	119 SPECIALTY NOTES
120 GENERAL NOTES	120 GENERAL NOTES
121 ELECTRICAL NOTES	121 ELECTRICAL NOTES
122 MECHANICAL NOTES	122 MECHANICAL NOTES
123 PLUMBING NOTES	123 PLUMBING NOTES
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125 SPECIALTY NOTES	125 SPECIALTY NOTES
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127 ELECTRICAL NOTES	127 ELECTRICAL NOTES
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129 PLUMBING NOTES	129 PLUMBING NOTES
130 FINISH NOTES	130 FINISH NOTES
131 SPECIALTY NOTES	131 SPECIALTY NOTES
132 GENERAL NOTES	132 GENERAL NOTES
133 ELECTRICAL NOTES	133 ELECTRICAL NOTES
134 MECHANICAL NOTES	134 MECHANICAL NOTES
135 PLUMBING NOTES	135 PLUMBING NOTES
136 FINISH NOTES	136 FINISH NOTES
137 SPECIALTY NOTES	137 SPECIALTY NOTES
138 GENERAL NOTES	138 GENERAL NOTES
139 ELECTRICAL NOTES	139 ELECTRICAL NOTES
140 MECHANICAL NOTES	140 MECHANICAL NOTES
141 PLUMBING NOTES	141 PLUMBING NOTES
142 FINISH NOTES	142 FINISH NOTES
143 SPECIALTY NOTES	143 SPECIALTY NOTES
144 GENERAL NOTES	144 GENERAL NOTES
145 ELECTRICAL NOTES	145 ELECTRICAL NOTES
146 MECHANICAL NOTES	146 MECHANICAL NOTES
147 PLUMBING NOTES	147 PLUMBING NOTES
148 FINISH NOTES	148 FINISH NOTES
149 SPECIALTY NOTES	149 SPECIALTY NOTES
150 GENERAL NOTES	150 GENERAL NOTES

CODE ANALYSIS

ITEM NO.	DESCRIPTION	REMARKS
1.	IDENTIFY ADDRESS	1000 BURNED BOAT DR. BISMARCK, ND 58102
2.	PROJECT NAME	TEXAS ROAD HOUSE
3.	OWNER ADDRESS	1000 BURNED BOAT DR. BISMARCK, ND 58102
4.	OWNER NAME	TEXAS ROAD HOUSE
5.	CONSTRUCTION TYPE	WOOD FRAME
6.	USE GROUP	RESTAURANT
7.	NUMBER OF STOREY IN BUILDING	1
8.	HEIGHT OF BUILDING	10'-0"
9.	GROSS FLOOR AREA PER FLOOR	1000 SQ. FT.
10.	FULLY FINISHED	YES
11.	COEFF. OF FLOOR	100 SQ. FT. PER PERSON

OCCUPANCY LOAD

OCCUPANCY LOAD CATEGORY	AREA	TOTAL
RESTAURANT	1000 SQ. FT.	100 PERSONS
KITCHEN	200 SQ. FT.	20 PERSONS
STORAGE	200 SQ. FT.	20 PERSONS
MECHANICAL	200 SQ. FT.	20 PERSONS

snid ARCHITECTS

TEXAS ROAD HOUSE
BURNED BOAT DR. & TYLER PARKWAY
BISMARCK, ND

COV

Print

Retail Alcohol Beverage License - Submission #22973

Date Submitted: 5/17/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

The Domain, LLC

Doing Business As (DBA) Name, if Applicable:*

n/a

Date of Incorporation:*

1/31/2023

State of ND Liquor License No.:

LIQ2023-00001

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

307 N 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

7013195000

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Chad Wachter, Pres

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Chad Wachter

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58502

Phone No.:*

[Redacted]

Manager's Name:*

Chad Wachter

Date of Birth:*

[Redacted] 1973

Percentage of Ownership:*

50

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Manager/VP

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Chad Wachter

Date of Birth:*

[Redacted] 1972

Percentage of Ownership:*

50

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Race:

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Pres

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Chad Wachter

[Redacted]/1973

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

VP

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email address:

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

Blarney Stone Pub, LLC 408 E Main Ave, Bismarck
Blarney Stone Pub-Fargo, LLC 1910 9th ST E, West Fargo
Blarney Stone SF, LLC 333 S Phillips Ave, Sioux Falls, SD
Blarney Stone Pub HD, LLC 101 Broadway N, Fargo, ND

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Food Sales

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
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- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

The Domain Floor Plan.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Chad Wachter

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Electronic Signature

Date:*

5/17/2024

Payment Options:*

Credit Card Payment Over The Phone - (701) 355-1300



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

No file chosen

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

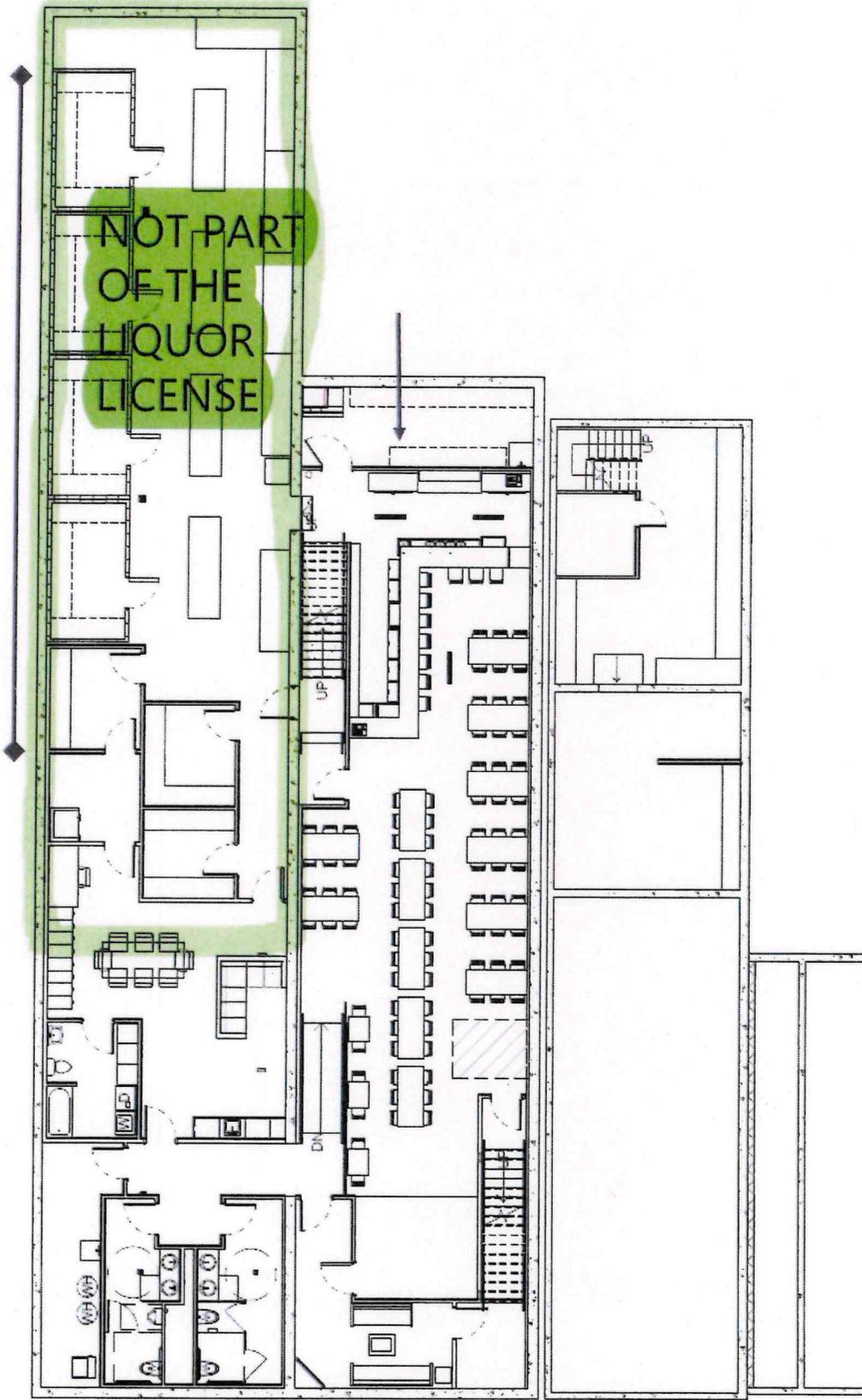
North

Main Floor and Second Level Floor Plan



Lower Level Floor Plan

North



Print

Retail Alcohol Beverage License - Submission #22861

Date Submitted: 5/10/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

Faber Coe & Gregg of Florida, Inc

Doing Business As (DBA) Name, if Applicable:*

The Junction - Bismarck

Date of Incorporation:*

01/04/1961

State of ND Liquor License No.:

AA-02968

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

2301 University Drive Building 17 Space 223BCD

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-319-0215

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Anuj Govilla - CFO

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Jenny Dimas

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Secaucus

State:*

NJ

Zip:*

07094

Phone No.:*

[REDACTED]

Manager's Name:*

Nicole Lias

Date of Birth:*

[REDACTED]/1984

Percentage of Ownership:*

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Female

Race:

White

Home Address:

[Redacted]

City:

Bismarck

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

Manager

Email Address:

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:

Anuj Govilla

Date of Birth:

[Redacted]/1968

Percentage of Ownership:

0

Driver's License No.:

[Redacted]

State Issued:

NJ

Gender:

Male

Race:

Asian

Home Address:

[Redacted]

City:

East Rutherford

State:

NJ

Zip:

07073

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

CFO

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

[Empty text box for Home Address]

City:

State:

Zip:

Phone No.:

[Empty text box for City]

[Empty text box for State]

[Empty text box for Zip]

[Empty text box for Phone No.]

Officer/Director/Stockholder Title:

Email address:

[Empty text box for Officer/Director/Stockholder Title]

[Empty text box for Email address]

Please submit all officers that will not fit on this form.

No file chosen

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Empty text box for explanation]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Empty text box for convictions]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Bismarck Diagram.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Anuj Govilla

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/10/2024

Electronic Signature

Payment Options:*

Credit Card Authorization Form



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

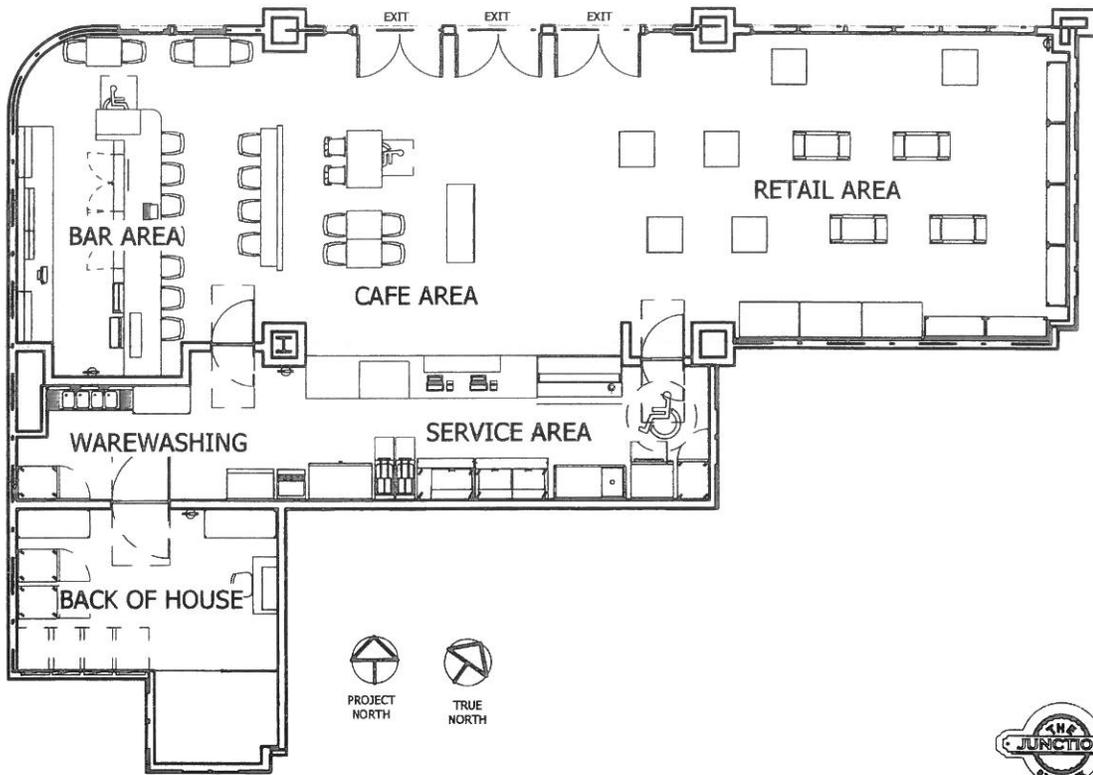
Upload Credit Card Authorization Form

BISMARCK CC AUTHORIZATION.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

CONCOURSE



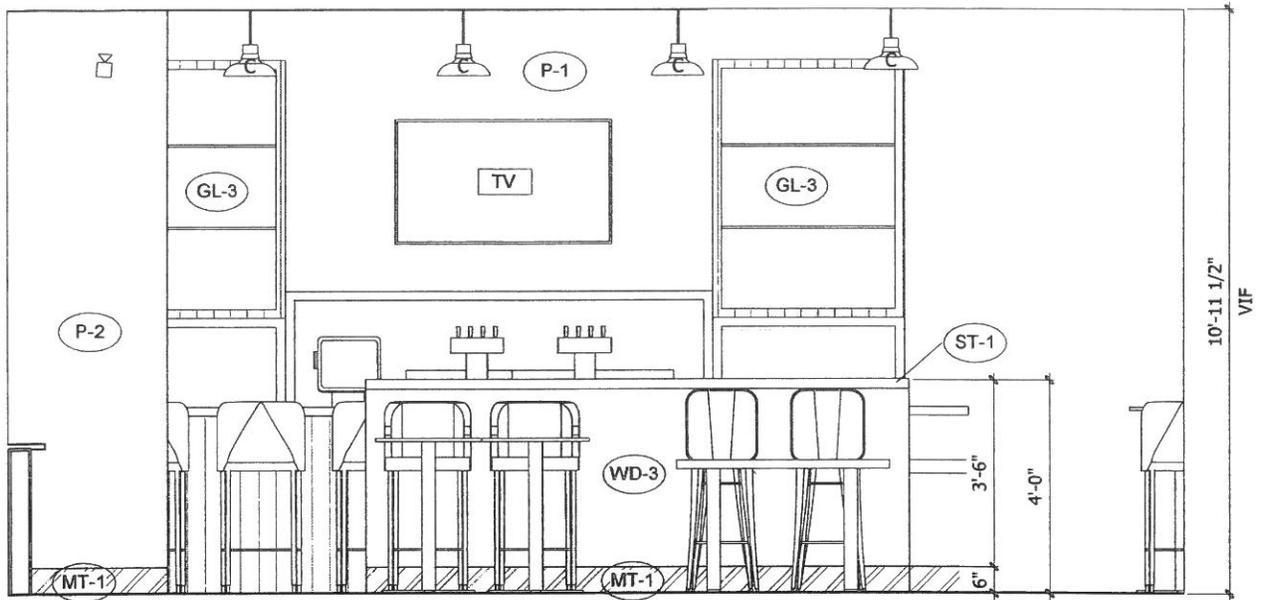
PROJECT
NORTH



TRUE
NORTH



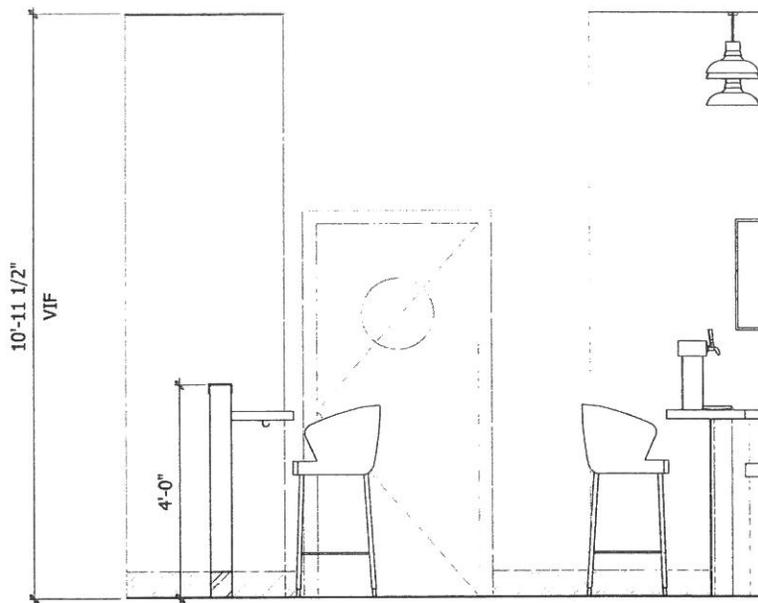
2301 University Dr.
Bismarck, ND, 58504



1 WING WALL - ELEVATION
 3/8" = 1'-0"

SILHOUETTE
 DESIGN ARCHITECTURE

566 W. Adams Street Suite 500
 Chicago, Illinois 60661
 312.258.0025
 www.silhouettedesignarchitecture.com



① WING WALL - SIDE ELEVATION
3/8" = 1'-0"

SILHOUETTE
DESIGN ARCHITECTURE

566 W. Adams Street Suite 500
Chicago, Illinois 60661
312.258.0025
www.silhouettedesignarchitecture.com

Print

Retail Alcohol Beverage License - Submission #22791

Date Submitted: 5/5/2024



License Information:

Application Type*

Renewal

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
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- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
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- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
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- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complementary - \$350

Location Information:

Legal Business Name:*

SANFORD RESTAURANTS INC

Doing Business As (DBA) Name, if Applicable:*

THE WALRUS RESTAURANT

Date of Incorporation:*

11/29/2011

State of ND Liquor License No.:

LIQ2023-121

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

1136 N 3rd ST

City:*

BISMARCK

State:*

ND

Zip:*

58501

Phone No.:*

(701) 471-6507

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

JILL SANFORD, OWNER/PRESIDENT

Contact Information (Where correspondence is to be sent):

Primary Contact:*

JILL SANFORD

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58502

Phone No.:*

[REDACTED]

Manager's Name:*

JILL SANFORD

Date of Birth:*

[REDACTED]/1975

Percentage of Ownership:*

100

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

F

Race:

WHITE

Home Address:

[Redacted]

City:

BISMARCK

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

OWNER/PRESIDENT

Email Address:

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:

JILL SANFORD

Date of Birth:

[Redacted]/1975

Percentage of Ownership:

100

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

F

Race:

WHITE

Home Address:

[Redacted]

City:

BISMARCK

State:

ND

Zip:

58501

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

OWNER/PRESIDENT

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Driver's License No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Officer/Director/Stockholder Title:

Email Address:

Name:

Date of Birth:

Percentage of Ownership:

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State Issued:

Gender:

Race:

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State:

Zip:

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Officer/Director/Stockholder Title:

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No file chosen

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- No

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Upload Gross Food Sales Report:

Food Acohol Sales Report.pdf

Liquor License Site Diagram Requirements:

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- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Site Diagram.pdf

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

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I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

JILL SANFORD

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/5/2024

Electronic Signature

Payment Options:*

Credit Card Authorization Form 

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

CC Authorization Form.pdf

Mail Payments To:

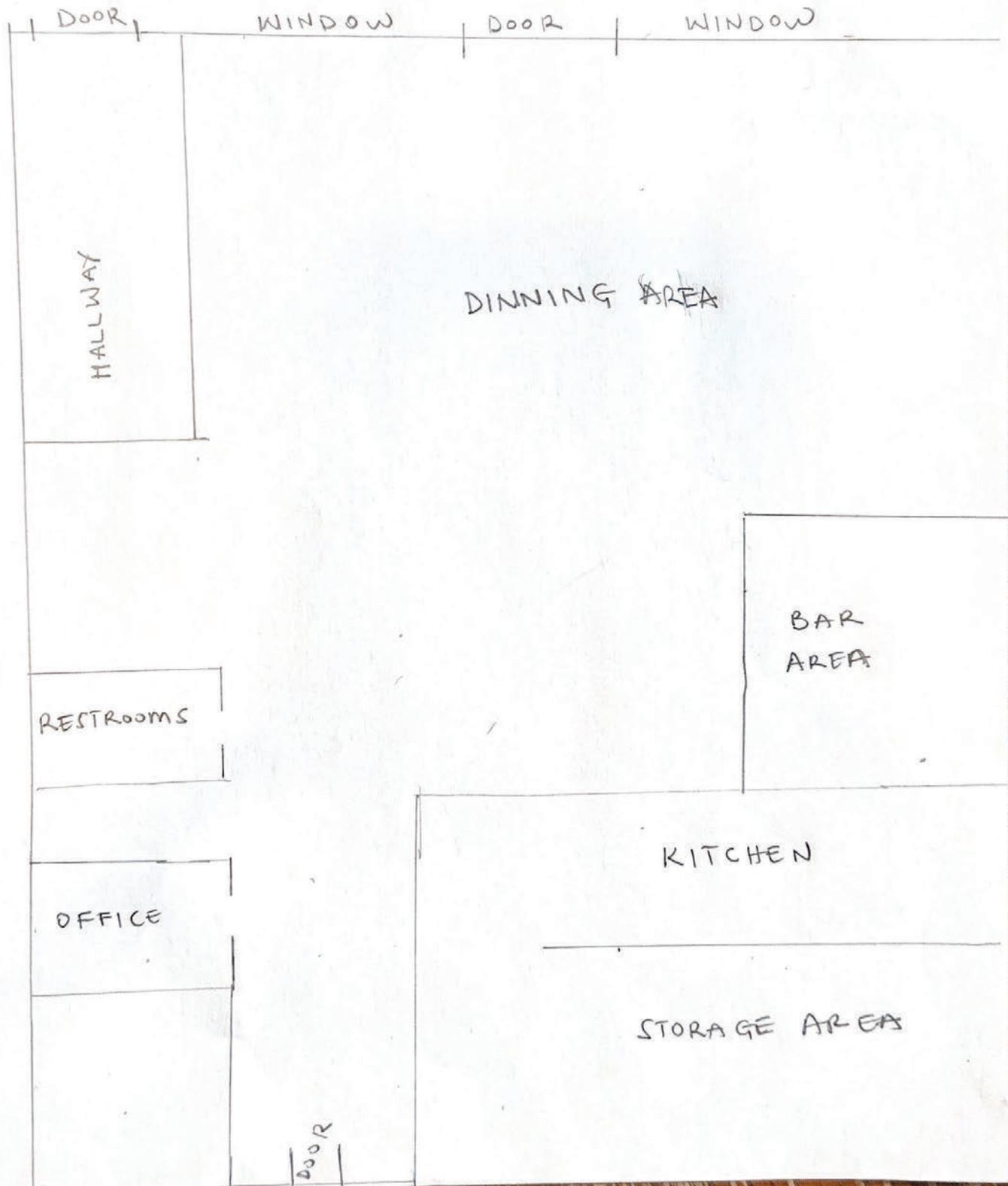
City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Sanford Restaurants, Inc.
Profit & Loss
January through December 2023

	<u>Jan - Dec 23</u>
Ordinary Income/Expense	
Income	
4000 · Bar Sales	
4010 · Beer Sales	224,681.02
4020 · Wine Sales	106,294.65
	<hr/>
Total 4000 · Bar Sales	330,975.67
4100 · Food Sales	1,865,813.00
	<hr/>
Total Income	2,196,788.67
	<hr/>
Gross Profit	2,196,788.67
	<hr/>
Net Ordinary Income	2,196,788.67
	<hr/>
Net Income	<u><u>2,196,788.67</u></u>

See accountant's compilation report.

THE WALRUS RESTAURANT
NORTH BISMARCK





Bismarck-Burleigh Public Health Department

DATE: May 28, 2024

FROM: Renae Moch, Director

ITEM: Bismarck Parks and Recreation District's Matching Grant Funds Application

REQUEST:

Permission to apply for Bismarck Parks and Recreation District's Matching Grant funds.

BACKGROUND INFORMATION:

Bismarck-Burleigh Public Health is requesting permission to apply for funding from Bismarck Parks and Recreation District's Matching Grant for \$15,000. The Matching Grant Program provides opportunities to support projects that advance recreational opportunities in Bismarck.

This matching grant will provide additional funding to support art installation and safety enhancements to the inside of the Bismarck Expressway Pedestrian Tunnel, a part of the Sertoma Park Trail System in Bismarck. This grant will be matched with funding from the AARP Community Challenge Grant. This project will be completed in partnership with Bismarck Parks and Recreation District and local artists. If awarded, the project would be completed in summer/fall of 2024.

This project supports the City of Bismarck's strategic focus areas of Signature Spaces, All Ages and All Wages, and Social Health.

RECOMMENDED CITY COMMISSION ACTION:

Approve request to apply for funding from the Bismarck Parks and Recreation District's Matching Grant.

STAFF CONTACT INFORMATION:

Renae Moch, Director, 701-355-1541, rmoch@bismarcknd.gov
Katie Johnke, Nutrition Services Program Coordinator, 701-355-1555, kjohnke@bismarcknd.gov

ATTACHMENTS:

1. Matching Grant Application



**BISMARCK PARKS AND
RECREATION DISTRICT**
Est. 1927

www.bisparks.org

Matching Grant Application 2024

FACILITIES • GROUNDS • EQUIPMENT



PURPOSE

The purpose of the **Matching Grant Program** is to encourage associations, organizations, clubs, or individuals to sponsor a project in a Bismarck Parks and Recreation District (BPRD) facility or park for the advancement of recreation opportunities in Bismarck.

INITIAL PROJECT REVIEW: **Prior to submission and deadline, Mike Wald, Facilities and Programs Director, must be contacted at 222-6455 to conduct an initial project review to make sure project meets minimum specifications.**

RECOGNITION OF MATCHING GRANT: The approved projects shall have a recognition plaque, dedication, or some other recognition signifying the project is part of the BPRD Matching Grant Program.

ADMINISTRATION AND ACCOUNTING: Administration and accounting procedures will be determined by agreement with approved parties. All approved projects on BPRD property must follow BPRD purchasing guidelines, local ordinances, and state laws. Upon completion of the projects on BPRD property, BPRD will assume ownership of the improvement or equipment, unless other arrangements are agreed upon.

WHO CAN APPLY: Associations, organizations, clubs, or individuals in the BPRD who are interested in applying for a grant to sponsor a project may apply. Projects must be facility improvements and may include the purchase of recreation equipment.

SCHOOL DISTRICT PROPERTY: Projects on school district property must have a letter of support from the school district's buildings and grounds supervisor and school principal.

APPLICATION OBTAINED AT: BPRD Office, 400 East Front Avenue Bismarck, ND 58504. Applications will be available after January 1 of each year.

APPLICATION DEADLINES: Application deadlines for 2024 are 5:00 pm on February 1 (Round 1) and June 3 (Round 2).

FUNDS AVAILABLE: The Board of Park Commissioners shall determine how much, if any, will be available each budget year for matching funds and may change or make exceptions to the amount at any time. \$125,000 has been budgeted for 2024.

APPLICATION REVIEW/INTERVIEW: After the deadline, a committee of staff and Commissioners will review all applications, conduct a short interview with applicants, and make recommendations to the Board of Park Commissioners at the February 15 and June 20 Park Board meetings.

APPLICATION APPROVAL/DENIAL: Letters will be sent to all applicants, indicating the approval or denial of grant money. For those approved, an agreement will be sent to the successful project sponsors, which states the provisions of the grant funds.

- FUNDING:** Projects will be funded at no more than 50 percent of the total estimated cost, or up to a maximum of **\$25,000**, whichever is less. The Matching Grant Program provides a dollar-for-dollar match. The program does not consider matching funds for projects with in-kind expenses. The Board of Park Commissioners, at its discretion, may approve matching funds of over **\$25,000**.
- PROJECT SPONSOR CERTIFICATION:** The project sponsor must certify that they have the necessary funds for their share of the total estimated project's cost.
- GREATEST CONSIDERATION:** Projects that will receive the greatest consideration are as follows:
- Projects that fit into the BPRD's strategic plan, mission and vision.
 - Projects that serve a wide variety of people or large number of people, rather than to projects serving a limited group.
 - Projects that can be used throughout the year – more than one season.
 - Projects that have a developmental plan approved or reviewed by BPRD.
 - Projects that are on BPRD property.
 - Playground projects must comply with current playground standards and guidelines. Playgrounds that include a ramp with an accessible route will receive the highest consideration.
- NO CONSIDERATION:** Projects that will **NOT** receive consideration for funding:
- Projects on private property as fixed improvements that aren't open to the public.
 - Personnel, operations, consultants.
 - Projects that have begun before grant approval.
 - Projects that use in-kind expenses as a match for grant application.
 - No clothing or uniforms.
- PROJECT COMPLETION:** The approved projects must be completed in the year they are awarded, otherwise BPRD funding will be lost.

2024 MATCHING GRANT APPLICATION

APPLICATION DEADLINE: 5:00 PM ON FEBRUARY 1 AND JUNE 3

COMPLETE AND RETURN TO:

Bismarck Parks and Recreation District • Attn: Mike Wald
400 East Front Avenue • Bismarck, ND 58504 • (701) 222-6455
mwald@bisparks.org

1. DATE OF APPLICATION: _____

2. APPLICANT: _____

CONTACT PERSON: _____ IF SCHOOL, PRINCIPAL'S NAME: _____

ADDRESS: _____ CITY: _____

STATE: _____ Zip: _____ TELEPHONE NUMBER: (H) _____ (C) _____

EMAIL ADDRESS: _____

3. PROJECT TITLE: _____

4. ESTIMATED PROJECT START DATE: _____ COMPLETION DATE: _____

5. DESCRIPTION OF PROPOSED PROJECT (INCLUDE LOCATION AND SITE MAPS WHERE APPLICABLE):

6. JUSTIFICATION FOR PROJECT:

7. ESTIMATED NUMBER OF PEOPLE BENEFITED: _____

8. ESTIMATED AGE CATEGORIES BENEFITED: _____

9. TOTAL ESTIMATED PROJECT COST (INCLUDE ANY PRICE QUOTES OR COST ESTIMATES RECEIVED):

10. AMOUNT OF ASSISTANCE REQUESTED: _____

11. AMOUNT OF APPLICANT'S CONTRIBUTION: _____

12. OTHER SOURCES OF ASSISTANCE (NAME, TYPE, AMOUNT):

13. BY SIGNING OR TYPING MY NAME BELOW, I HEREBY CERTIFY THAT FUNDS IN THE AMOUNT OF \$ _____
(AT LEAST 50 PERCENT OF TOTAL ESTIMATED COSTS) ARE AVAILABLE FOR THE ABOVE STATED PROJECT.

SIGNATURE: _____

TITLE: _____

DATE: _____

PROJECT COST ESTIMATES

Attach any written cost estimates received from vendors or contractors, etc.

PROJECT ITEM	UNITS	ESTIMATED COST
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL:	_____

APPLICATION CHECKLIST

- Initial project review with Facilities and Programs Director?
- Application completed?
- Project sponsor certification of funds available?

SCHOOL PROJECTS:

- Letter of approval from BPS Buildings and Grounds?
- Letter of approval from school principal?



Community Development Department

DATE: May 28, 2024

FROM: Ben Ehreth, Community Development Director

ITEM: FY2024 5307 Grant Application

REQUEST:

Permission to apply for a FY24 Section 5307 grant.

BACKGROUND INFORMATION:

The Bismarck-Mandan Metropolitan Planning Organization, on behalf of Bis-Man Transit, requests the Bismarck Board of City Commissioners consider approval to apply for a FY24 Section 5307 grant. The Federal Transit Administration (FTA), through its Section 5307 Urbanized Area Formula Grants program, offers funding to transit agencies to assist in funding their operating expenses and capital procurement needs. The grant will provide funding assistance for:

- The daily operations expenses of Bis-Man Transit and its staff incurred in the operation of public transportation services in Bismarck;
- Capital cost of contracting, which encompasses the third-party contract tasks associated with the physical operation of transit buses and bus routes;
- Preventive maintenance that enables Bis-Man Transit to maintain its rider facilities and equipment, as well as the fixed-route buses and motorbuses, in a state of good repair;
- Security enhancements to continue the upgrade and replacement of security cameras and/or hardware and to cover other general security needs as they arise.

The total grant request is \$3,269,132. The Federal award is \$2,126,199 and the local match is \$1,142,933, which will be provided by Bis-Man Transit. Award and budget authority are requested from the Bismarck City Commission for this grant application.

RECOMMENDED CITY COMMISSION ACTION:

Staff requests approval to apply for the FY24 Section 5307 grant on behalf of Bis-Man Transit.

STAFF CONTACT INFORMATION:

Paulette Jacobsen, Transportation Planner, 701-355-1473, pjacobsen@bismarcknd.gov
Rachel Lukaszewski, Principal Transportation Planner, 701-355-1852,
rlukaszewski@bismarcknd.gov

ATTACHMENTS:
None



Community Development Department

DATE: May 28, 2024

FROM: Ben Ehreth, Community Development Director

ITEM: Flood Insurance Rate Map (FIRM) Zoning Ordinance Text Amendment

REQUEST:

Receive information relating to a special meeting to amend section 14-04-19 of the City Code of Ordinances (FP – Floodplain) relating to the Flood Insurance Rate Map (FIRM) effective date and requirements for manufactured home parks, enclosures, and substantial improvements – Zoning Ordinance Text Amendment.

BACKGROUND INFORMATION:

The purpose of this request is to provide information about a special meeting of the Bismarck City Commission on June 6, 2024, at 5:00 PM in the Tom Baker Room, City/County Building, 221 North 5th Street, to consider the request of the City of Bismarck for a zoning ordinance text amendment to amend section 14-04-19 of the City Code of Ordinances relating to the Flood Insurance Rate Map (FIRM) effective date, elevation requirements for manufactured home parks, and specific criteria for enclosures and substantial improvements. The purpose of the special meeting is to ensure that required public notifications are met prior to a public hearing on the item.

The proposed amendments would add additional definitions to avoid misinterpretation and clarify requirements, reduce the freeboard or elevation requirement for Pre-FIRM manufactured home parks or subdivisions from two feet above the Base Flood Elevation (BFE) to one foot above the BFE, and change the effective date of the Flood Insurance Rate Map (FIRM) to June 6, 2024. The FIRM is an official map of a community on which FEMA determines base flood elevation, flood zones, and floodplain boundaries.

The public hearing was initially requested for May 28, 2024, however, it was discovered that legal notice was not provided to the Bismarck Tribune for the required publication. North Dakota Century Code 40-47-04 requires, “no regulation, restriction, or boundary may become effective until after a public hearing at which parties in interest and citizens shall have an opportunity to be heard. Notice of the hearing must be published once a week for two successive weeks before the time set for the hearing in the official newspaper of the city.”

By the time it was discovered the legal notice had not been sent to the Bismarck Tribune, there was insufficient time to submit the appropriate legal notice to the Bismarck Tribune given the Bismarck Tribune’s lead times for publication of such notices.

Additionally, the final date to adopt the new Flood Plain is June 6, 2024. In an effort to meet both the required notice periods for publication and the June 6, 2024, adoption deadline, a Special Meeting of the City Commission has become necessary.

Staff will present the proposed zoning ordinance text amendment which, among other changes, acknowledges the most recent FIRM with an adoption date of June 6, 2024.

RECOMMENDED CITY COMMISSION ACTION:

This memo is provided for informational purposes only.

STAFF CONTACT INFORMATION:

Ben Ehreth, Community Development Director, 701-355-1842, behreth@bismarcknd.gov

Daniel Nairn, Planning Manager, 701-355-1854, dnairn@bismarcknd.gov

Jenny Wollmuth, Senior Planner, 701-355-1850, jwollmuth@bismarcknd.gov

ATTACHMENTS:

None



Engineering Department

DATE: May 28, 2024

FROM: Gabe Schell, City Engineer

ITEM: Project HC 168 - 2024 Pavement Marking Project

REQUEST:

Receive bids and award contract for Project HC 168.

BACKGROUND INFORMATION:

This project will paint epoxy pavement markings on arterial roadways that are not scheduled for pavement rehabilitation projects in the near term. Public Works Roads and Streets would continue to maintain the pavement markings on collector and local streets.

The engineer's estimate for HC 168 was \$240,382.80; the CIP programmed budget for construction of this project was \$250,000 (\$275,000 total cost including engineering). Bids were received on May 13, 2024. Traffic Safety Services, Inc. submitted the sole bid of \$220,220.90. The bid summary and project budget are attached.

Project Schedule

Receipt and Open Bids	May 13, 2024
Award of Bid	May 28, 2024
Project Completion	September 15, 2024

RECOMMENDED CITY COMMISSION ACTION:

Receive bids and award contract to Traffic Safety Services, Inc. in the amount of \$220,220.90.

STAFF CONTACT INFORMATION:

Gabe Schell, City Engineer, 701-355-1507, gschell@bismarcknd.gov

ATTACHMENTS:

1. Bid Summary - HC168
2. Project Budget - HC168



**BID SUMMARY
FOR
HIGHWAY CONSTRUCTION PROJECT NO. 168
2024 PAVEMENT MARKING MAINTENANCE**

BID DATE: May 13, 2024; 4:00 p.m.

ENGINEER'S ESTIMATE:	\$	240,382.80
CIP BUDGET**:	\$	250,000.00

AMOUNT

BIDDER		
Traffic Safety Services Inc	\$	<u>220,220.90</u>

** CIP Budget includes proposed construction costs only

PROJECT BUDGET

Number	HC 168	Description	2024 Pavement Marking Maintenance
---------------	--------	--------------------	-----------------------------------

Scheduled Start	6/4/2024
------------------------	----------

Scheduled End	9/15/2024
----------------------	-----------

Project Contracts

<u>Project Construction Contracts</u>	<u>Amount</u>
Traffic Safety Services, Inc -----	220,220.90
Subtotal	220,220.90
Contingencies 10%	22,022.09
Total Construction Contracts	242,242.99

<u>Other Contracts, Land Purchases, Etc.</u>	<u>Contract No.</u>	<u>Amount</u>
Subtotal		-
*Contingencies 10%		-
Total Other Contracts		-

<u>Work by Other City Departments</u>	<u>Amount</u>
Subtotal	-
*Contingencies 10%	-
Total Work by Other City Departments	-

SUMMARY

Construction Cost - No Contingencies	220,220.90
TOTAL CONSTRUCTION COST WITH CONTINGENCIES	242,242.99
Engineering 10% -----	24,224.30
Administration -----	-
Advertising and Legal -----	-
Interest During Construction -----	-
HC 168 TOTAL PROJECT COST -----	266,467.29

<u>Project Funding</u>	<u>Amount</u>
City Funded - Sales Tax -----	266,467.29
Total Funding	266,467.29

Date 5/14/2024



Engineering Department

DATE: May 28, 2024

FROM: Gabe Schell, City Engineer

ITEM: Sewer Improvement District SE 582

REQUEST:

Resolution approving the engineers' report, approving the plans and specifications, and directing the advertisement of bids and receiving bids.

BACKGROUND INFORMATION:

Sewer Improvement District SE 582 consists of one unit of new storm sewer and related work in Paradise Valley and Paradise Valley 2nd Additions. Sewer Improvement District SE 582 was previously bid with WPSP 392, where bids came in significantly higher than the engineer's estimate. On March 11, 2024, staff requested, with concurrence of the developer, that the commission reject the bids so that staff and the developer could revise the project plan along with project scope and timeline.

As part of the revised plan, it was decided WPSP 392 and SE 582 would be bid separately; WPSP 392 would be built using the city's 3-way contract process and SE 582 would be publicly bid and assessed as previously planned. Changes have also been made to the project timelines and project scope.

A revised engineer's report is attached for SE 582.

Project Schedule

Receipt and Opening of Bids	June 10, 2024
Award of Bid	June 11, 2024
Project Completion	Spring 2025

RECOMMENDED CITY COMMISSION ACTION:

Approve the request for resolution approving the engineers' report, approving the plans and specifications and directing the advertisement of bids and receiving bids.

STAFF CONTACT INFORMATION:

Gabe Schell, City Engineer, 701-355-1507, gschell@bismarcknd.gov

ATTACHMENTS:

1. SE 582 Revised Engineering Report

ENGINEER'S REPORT
Sewer Improvement District Number Five Hundred Eighty-Two (582)

General Nature, Purpose and Benefit

Sewer Improvement District SE 582 consists of one unit of new storm sewer and related work. Unit 1 includes approximately 7,900 LF of new storm sewer ranging in size from 12" to 60", 700 LF of 14" stormwater forcemain, a stormwater lift station, and related appurtenances in Paradise Valley Addition and Paradise Valley Second Addition.

The storm sewer will be installed to manage storm water runoff within this district and will facilitate the extension of the City's roadway network as requested by the majority landowner for the continued growth of the City of Bismarck

The boundary of the district was drawn to include the parcels which receive a benefit from the improvements of this district as per the current special assessment policy approved by the City Commission. SE 582 covers work to be installed as part of the initial phase of development. Subsequent phases of development occurring within the boundary of SE 582 will be assessed to the benefitting properties within this boundary as all properties benefit from the master planned storm water system. Please see attached maps.

Cost Feasibility

Schedule A - Project Costs included as set out in Section 40-22-01 of the NDCC and as advertised under section 40-22-19 of the NDCC.

New Storm Sewer And Lift Station	\$	4,010,000.00
New Lift Station Electrical Only	\$	115,000.00
Subtotal	\$	4,125,000.00
10% Contingency	\$	412,500.00
Total Schedule A Cost	\$	4,537,500.00

Schedule B - Other Project Costs not otherwise included above.

Engineering Fees	\$	226,875.00
Administration Fees	\$	226,875.00
Interest During Construction	\$	136,125.00
Advertising and Legal	\$	90,750.00
Total Schedule B Cost	\$	680,625.00

Project Cost Summary

Schedule A Costs	\$	4,537,500.00
Schedule B Costs	\$	680,625.00
Total Estimated Improvement Cost	\$	5,218,125.00

Funding Summary

Special Assessments	\$	5,218,125.00
Total Funding	\$	5,218,125.00

This work was prepared by me or under my direct supervision. We believe this project to be cost effective and reflects our best information at this time.




Linda J, Oster, P.E.
Assistant City Engineer



Engineering Department

DATE: May 28, 2024

FROM: Gabe Schell, City Engineer

ITEM: Access Easement in Silver Ranch Third Addition

REQUEST:

Dedication and acceptance of an Access Easement in Silver Ranch Third Addition.

BACKGROUND INFORMATION:

The Access Easement is proposed in Silver Ranch Third Addition on Davies Drive west of Silver Boulevard, adjacent to the area where streets have been installed. The access easement will allow for a turnaround for emergency vehicles. It is anticipated that this easement would be released with the extension of Davies Drive to the west. The Access Easement is attached.

RECOMMENDED CITY COMMISSION ACTION:

Approve the dedication and acceptance of an Access Easement in Silver Ranch Third Addition.

STAFF CONTACT INFORMATION:

Gabe Schell, City Engineer, 701-355-1507, gschell@bismarcknd.gov

ATTACHMENTS:

1. Davies Drive - Access Easement

ACCESS EASEMENT

This dedication of an Access easement is made this _____ day of _____, 2024, between **INVESTCORE, INC.** whose post office address is PO Box 1437, Bismarck, ND 58502, Grantor and the **City of Bismarck**, a municipal corporation, whose post office address is 221 North 5th St., Bismarck, North Dakota 58506-5503, Grantee.

1. For and in consideration of the sum of One Dollar (\$1.00), and other good and valuable consideration, the receipt of which is hereby acknowledged, Grantor grants to Grantee, its successors and assigns, an exclusive easement to run with the land at all times hereafter to construct, operate, maintain, and repair gravel, curb, gutter, and paving facilities under or upon the real property hereinafter described below. Grantee shall have the right to ingress and egress across real property of Grantor for the purpose herein granted.
2. The real property for the Access easement herein dedicated, granted and reserved is owned by the Grantor and is described as follows:

ALL THAT PART OF LOTS 40, 41, 42, & 43 BLOCK 2, AND LOTS 15 & 16 BLOCK 3 OF SILVER RANCH THIRD ADDITION, BISMARCK, BURLEIGH COUNTY, NORTH DAKOTA, LYING WITHIN AN 80' RADIUS OF THE END POINT OF THE FOLLOWING DESCRIPTION:

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 16; THENCE SOUTH 09 DEGREES 41 MINUTES 50 SECONDS EAST, ALONG THE SOUTHERLY EXTENSION OF THE EAST LINE OF SAID LOT 16, A DISTANCE OF 30.00 FEET TO THE CENTERLINE OF DAVIES DRIVE RIGHT-OF-WAY; THENCE SOUTH 80 DEGREES 18 MINUTES 10 SECONDS WEST, ALONG SAID CENTERLINE, A DISTANCE OF 9.76 FEET TO SAID ENDPOINT

Descriptions prepared by Landon Niemiller; Swenson, Hagen & Co. P.C.; 909 Basin Ave, Bismarck, ND 58504.

3. The Grantee is responsible for the installation, operation, and maintenance of improvements or facilities constructed or installed pursuant to this easement according to applicable development policies.
4. The term of this easement herein reserved is ninety-nine (99) years, beginning upon execution in 2024 and ending in 2123.

IN WITNESS WHEREOF, the Grantors have hereto fixed their signatures this the 8 day of May, 2024.

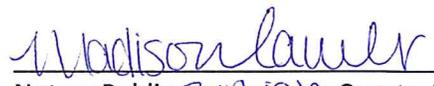
County
STATE OF Burleigh)
State) SS
COUNTY OF North Dakota)



Jamie Schmidt, Vice President
INVESTCORE, INC.
PO BOX 1437
BISMARCK, ND 58502

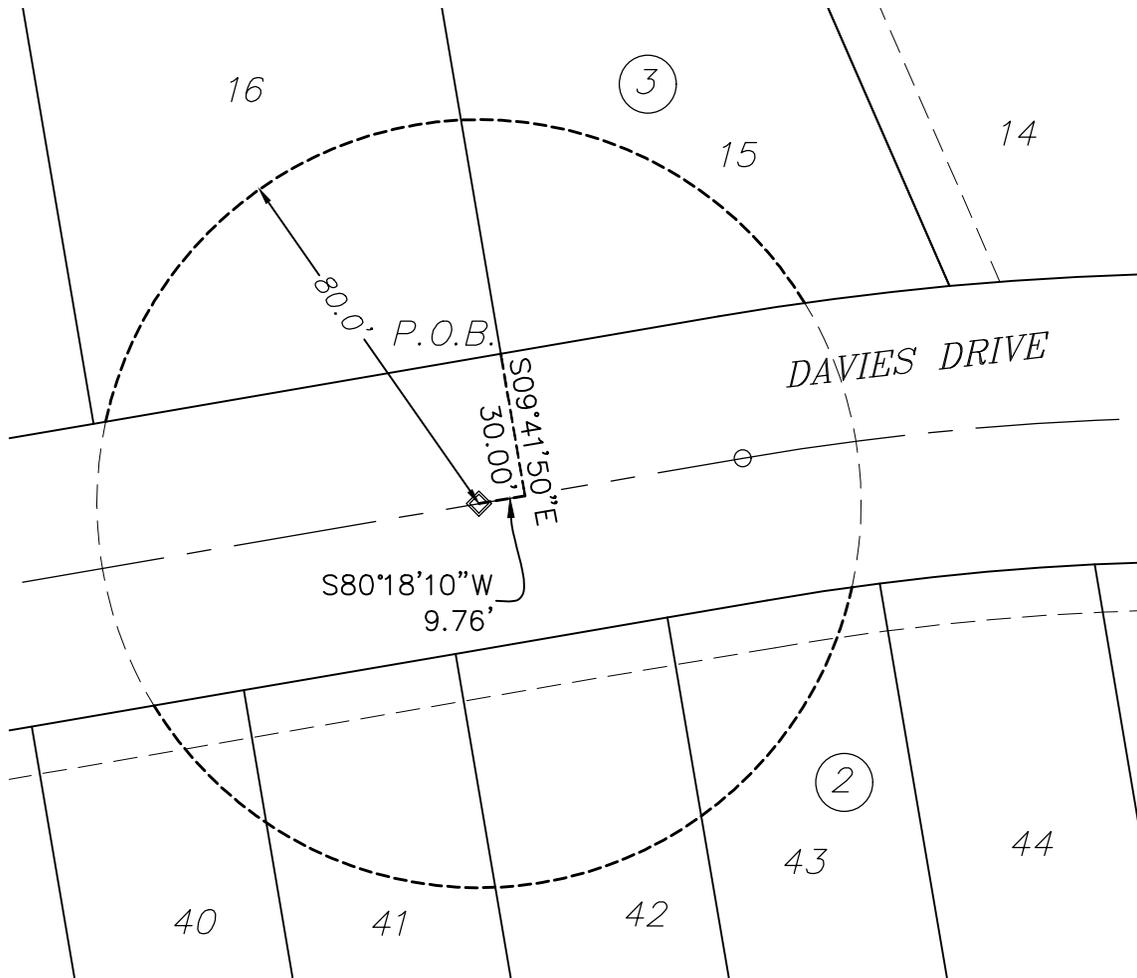
On this 8 day of May, 2024, before me appeared Jamie Schmidt, Vice-President of Investcore, Inc., known to me to be the person that is described in and that he executed the foregoing instrument, and acknowledged that he executed the same.

MADISON LAWLER
Notary Public
State of North Dakota
My Commission Expires April 25, 2026



Notary Public, Burleigh County, ND
My Commission Expires: April 25, 2026

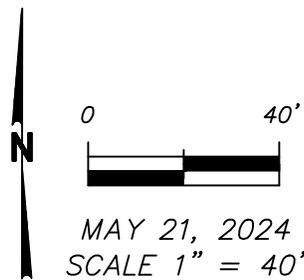
ACCESS EASEMENT EXHIBIT



ACCESS EASEMENT

ALL THAT PART OF LOTS 40, 41, 42, & 43 BLOCK 2, AND LOTS 15 & 16 BLOCK 3 OF SILVER RANCH THIRD ADDITION, BISMARCK, BURLEIGH COUNTY, NORTH DAKOTA, LYING WITHIN AN 80' RADIUS OF THE END POINT OF THE FOLLOWING DESCRIPTION:

BEGINNING AT THE SOUTHEAST CORNER OF SAID LOT 16; THENCE SOUTH 09 DEGREES 41 MINUTES 50 SECONDS EAST, ALONG THE SOUTHERLY EXTENSION OF THE EAST LINE OF SAID LOT 16, A DISTANCE OF 30.00 FEET TO THE CENTERLINE OF DAVIES DRIVE RIGHT-OF-WAY; THENCE SOUTH 80 DEGREES 18 MINUTES 10 SECONDS WEST, ALONG SAID CENTERLINE, A DISTANCE OF 9.76 FEET TO SAID ENDPPOINT



SWENSON, HAGEN & COMPANY P.C.

Surveying
Hydrology
Land Planning
Civil Engineering
Landscape & Site Design
Construction Management

909 Basin Avenue
Bismarck, North Dakota 58504
sheng@swensonhagen.com
Phone (701) 223-2600
Fax (701) 223-2606



Finance Department

DATE: May 28, 2024

FROM: Dmitriy Chernyak, Finance Director

ITEM: Applications for Abatement

REQUEST:

Applications for Abatement.

BACKGROUND INFORMATION:

Please consider approval of the following abatement applications:

Applications for Abatement for 2022 & 2023

Property Owner - Kerry Gullickson

Property Address - 527 Birchwood Dr

Property ID - 0497-023-160

Applications for Abatement for 2022 & 2023

Property Owner - Sharon Wheeler

Property Address - 1240 Riverwood Dr

Property ID - 1256-001-256

The market value reduction is due to an error in the property description.

RECOMMENDED CITY COMMISSION ACTION:

The Assessing Division recommends approval of the applications for abatement as presented.

STAFF CONTACT INFORMATION:

Allison Jensen, City Assessor, 701-355-1621, ajensen@bismarcknd.gov

ATTACHMENTS:

1. Abatements



Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota Assessment District _____

County of Burleigh

Property I.D. No. 0497-023-160

Name GULLICKSON, KERRY

Telephone No. _____

Address 527 BIRCHWOOD DR, BISMARCK, ND 58504-6212

Legal description of the property involved in this application:

SOUTHWOOD TERRACE 2ND REP Block: 23 LOT 33

Total true and full value of the property described above for the year 2022 is:

Land	\$ <u>56,000</u>
Improvements	\$ <u>202,800</u>
Total	\$ <u>258,800</u>

(1)

Total true and full value of the property described above for the year 2022 should be:

Land	\$ <u>56,000</u>
Improvements	\$ <u>201,600</u>
Total	\$ <u>257,600</u>

(2)

The difference of \$ 1,200.00 true and full value between (1) and (2) above is due to the following reason(s):

- 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- 2. Residential or commercial property's true and full value exceeds the market value
- 3. Error in property description, entering the description, or extending the tax
- 4. Nonexisting improvement assessed
- 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- 6. Duplicate assessment
- 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- 8. Error in noting payment of taxes, taxes erroneously paid
- 9. Property qualifies for Homestead Credit (N.D.C.C. § 57-02-08.1) or Disabled Veterans Credit (N.D.C.C. § 57-02-08.8). Attach a copy of the application.
- 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: \$ _____ Date of purchase: _____
 Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
 Was there personal property involved in the purchase price? _____ yes/no Estimated value: \$ _____

2. Has the property been offered for sale on the open market? _____ If yes, how long? _____
 yes/no
 Asking price: \$ _____ Terms of sale: _____

3. The property was independently appraised: _____ yes/no Purpose of appraisal: _____
 Market value estimate: \$ _____
 Appraisal was made by whom? _____

4. The applicant's estimate of market value of the property involved in this application is \$ _____

5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that the true and full value be reduced to \$257,600.

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

Signature of Preparer (if other than applicant) _____

Date _____

Kerry Gullickson
Signature of Applicant

5-6-2024
Date

Recommendation of the Governing Body of the City or Township

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

Dated this _____ day of _____, _____

 City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
 Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from \$ _____ to \$ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of \$ _____. The Board accepts \$ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

Dated _____

 County Auditor Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

 County Auditor Date

**Application For Abatement
 Or Refund Of Taxes**

Name of Applicant Kerry Gullikson

County Auditor's File No. 24-604

Date Application Was Filed With The County Auditor 5/9/24

Date County Auditor Mailed Application to Township Clerk or City Auditor _____
(must be within five business days of filing date)

Mark Spornstein

MF



Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota Assessment District _____
 County of Burleigh Property I.D. No. 0497-023-160
 Name GULLICKSON, KERRY Telephone No. _____
 Address 527 BIRCHWOOD DR, BISMARCK, ND 58504-6212

Legal description of the property involved in this application:

SOUTHWOOD TERRACE 2ND REP Block: 23 LOT 33

Total true and full value of the property described above for the year 2023 is:

Land \$ 56,000
 Improvements \$ 216,600
 Total \$ 272,600
 (1)

Total true and full value of the property described above for the year 2023 should be:

Land \$ 56,000
 Improvements \$ 215,400
 Total \$ 271,400
 (2)

The difference of \$ 1,200.00 true and full value between (1) and (2) above is due to the following reason(s):

- 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- 2. Residential or commercial property's true and full value exceeds the market value
- 3. Error in property description, entering the description, or extending the tax
- 4. Nonexisting improvement assessed
- 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- 6. Duplicate assessment
- 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- 8. Error in noting payment of taxes, taxes erroneously paid
- 9. Property qualifies for Homestead Credit (N.D.C.C. § 57-02-08.1) or Disabled Veterans Credit (N.D.C.C. § 57-02-08.8). Attach a copy of the application.
- 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: \$ _____ Date of purchase: _____
 Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
 Was there personal property involved in the purchase price? _____ Estimated value: \$ _____
 yes/no

2. Has the property been offered for sale on the open market? _____ If yes, how long? _____
 yes/no
 Asking price: \$ _____ Terms of sale: _____

3. The property was independently appraised: _____ Purpose of appraisal: _____
 yes/no
 Market value estimate: \$ _____
 Appraisal was made by whom? _____

4. The applicant's estimate of market value of the property involved in this application is \$ _____

5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that the true and full value be reduced to \$271,400.

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

Signature of Preparer (if other than applicant) _____ Date 5-6-2024
 Signature of Applicant Kerry Gullickson Date _____

Recommendation of the Governing Body of the City or Township

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

Dated this _____ day of _____, _____

 City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
 Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from \$ _____ to \$ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of \$ _____. The Board accepts \$ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

Dated _____

 County Auditor Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest? yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

 County Auditor Date

**Application For Abatement
 Or Refund Of Taxes**

Name of Applicant Henry Gullikson

County Auditor's File No. 24-609

Date Application Was Filed With The County Auditor 5/9/24

Date County Auditor Mailed Application to Township Clerk or City Auditor
(must be within five business days of filing date)

Mark Spianstowski

MP

Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota Assessment District #1
 County of Burleigh Property I.D. No. 1256-001-246
 Name WHEELER, SHARON M Telephone No. _____
 Address 620 10TH AVE N, FARGO, ND 58102-3634

Legal description of the property involved in this application:

SOUTHPORT PHASE II Block: 1 TRACT 1240 OF PART OF LOTS 3 & 7
PROPERTY ADDRESS: 1240 RIVERWOOD DR

Total true and full value of the property described above for the year 2022 is:

Land	\$ <u>110,000</u>
Improvements	\$ <u>396,200</u>
Total	\$ <u>506,200</u>

(1)

Total true and full value of the property described above for the year 2022 should be:

Land	\$ <u>110,000</u>
Improvements	\$ <u>351,500</u>
Total	\$ <u>461,500</u>

(2)

The difference of \$ 44,700.00 true and full value between (1) and (2) above is due to the following reason(s):

- 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- 2. Residential or commercial property's true and full value exceeds the market value
- 3. Error in property description, entering the description, or extending the tax
- 4. Nonexisting improvement assessed
- 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- 6. Duplicate assessment
- 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- 8. Error in noting payment of taxes, taxes erroneously paid
- 9. Property qualifies for Homestead Credit (N.D.C.C. § 57-02-08.1) or Disabled Veterans Credit (N.D.C.C. § 57-02-08.8). Attach a copy of the application.
- 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: \$ _____ Date of purchase: _____
 Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
 Was there personal property involved in the purchase price? _____ yes/no Estimated value: \$ _____

2. Has the property been offered for sale on the open market? _____ yes/no If yes, how long? _____
 Asking price: \$ _____ Terms of sale: _____

3. The property was independently appraised: _____ yes/no Purpose of appraisal: _____
 _____ Market value estimate: \$ _____
 Appraisal was made by whom? _____

4. The applicant's estimate of market value of the property involved in this application is \$ _____

5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that Value be changed from \$506,200 to \$461,500.

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

Signature of Preparer (if other than applicant) _____ Date 4/29/24
Signature of Applicant Margaret Danelo Date 4/29/24

Recommendation of the Governing Body of the City or Township

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

Dated this _____ day of _____, _____, _____
 City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
 Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from \$ _____ to \$ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of \$ _____. The Board accepts \$ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached.

Dated _____, _____

_____ County Auditor _____ Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest? yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

_____ County Auditor _____ Date

**Application For Abatement
Or Refund Of Taxes**

Name of Applicant Sharon Wheeler

County Auditor's File No. 24-612

Date Application Was Filed With The County Auditor 5/20/14

Date County Auditor Mailed Application to Township Clerk or City Auditor Mark Solarzewski
(must be within five business days of filing date)

MF

Application For Abatement Or Refund Of Taxes

North Dakota Century Code § 57-23-04

File with the County Auditor on or before November 1 of the year following the year in which the tax becomes delinquent.

State of North Dakota Assessment District 71
 County of Burleigh Property I.D. No. 1256-001-246
 Name WHEELER, SHARON M Telephone No. _____
 Address 620 10TH AVE N, FARGO, ND 58102-3634

Legal description of the property involved in this application:

SOUTHPORT PHASE II Block: 1 TRACT 1240 OF PART OF LOTS 3 & 7
PROPERTY ADDRESS: 1240 RIVERWOOD DR

Total true and full value of the property described above for the year 2023 is:

Land	\$ <u>110.000</u>
Improvements	\$ <u>420.700</u>
Total	\$ <u>530.700</u>

(1)

Total true and full value of the property described above for the year 2023 should be:

Land	\$ <u>110.000</u>
Improvements	\$ <u>376.000</u>
Total	\$ <u>486.000</u>

(2)

The difference of \$ 44,700.00 true and full value between (1) and (2) above is due to the following reason(s):

- 1. Agricultural property true and full value exceeds its agricultural value defined in N.D.C.C. § 57-02-27.2
- 2. Residential or commercial property's true and full value exceeds the market value
- 3. Error in property description, entering the description, or extending the tax
- 4. Nonexisting improvement assessed
- 5. Complainant or property is exempt from taxation. Attach a copy of Application for Property Tax Exemption.
- 6. Duplicate assessment
- 7. Property improvement was destroyed or damaged by fire, flood, tornado, or other natural disaster (see N.D.C.C. § 57-23-04(1)(g))
- 8. Error in noting payment of taxes, taxes erroneously paid
- 9. Property qualifies for Homestead Credit (N.D.C.C. § 57-02-08.1) or Disabled Veterans Credit (N.D.C.C. § 57-02-08.8). Attach a copy of the application.
- 10. Other (explain) _____

The following facts relate to the market value of the residential or commercial property described above. For agricultural property, go directly to question #5.

1. Purchase price of property: \$ _____ Date of purchase: _____
 Terms: Cash _____ Contract _____ Trade _____ Other (explain) _____
 Was there personal property involved in the purchase price? _____ yes/no Estimated value: \$ _____

2. Has the property been offered for sale on the open market? _____ yes/no If yes, how long? _____
 Asking price: \$ _____ Terms of sale: _____

3. The property was independently appraised: _____ yes/no Purpose of appraisal: _____
 _____ Market value estimate: \$ _____
 Appraisal was made by whom? _____

4. The applicant's estimate of market value of the property involved in this application is \$ _____

5. The estimated agricultural productive value of this property is excessive because of the following condition(s): _____

Applicant asks that Value be changed from \$530,700 to \$486,000.

By filing this application, I consent to an inspection of the above-described property by an authorized assessment official for the purpose of making an appraisal of the property. I understand the official will give me reasonable notification of the inspection. See N.D.C.C. § 57-23-05.1.

I declare under the penalties of N.D.C.C. § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application is, to the best of my knowledge and belief, a true and correct application.

Signature of Preparer (if other than applicant) _____ Date _____
Signature of Applicant Margaret Danco Date 4/29/24

Recommendation of the Governing Body of the City or Township

Recommendation of the governing board of _____

On _____, _____, the governing board of this municipality, after examination of this application and the facts, passed a resolution recommending to the Board of County Commissioners that the application be _____

Dated this _____ day of _____, _____

 City Auditor or Township Clerk

Action by the Board of County Commissioners

Application was _____ by action of _____ County Board of Commissioners.
 Approved/Rejected

Based upon an examination of the facts and the provisions of North Dakota Century Code § 57-23-04, we approve this application. The taxable valuation is reduced from \$ _____ to \$ _____ and the taxes are reduced accordingly. The taxes, if paid, will be refunded to the extent of \$ _____. The Board accepts \$ _____ in full settlement of taxes for the tax year _____.

We reject this application in whole or in part for the following reason(s). Written explanation of the rationale for the decision must be attached. _____

Dated _____,

 County Auditor Chairperson

Certification of County Auditor

I certify that the Board of County Commissioners took the action stated above and the records of my office and the office of the County Treasurer show the following facts as to the assessment and the payment of taxes on the property described in this application.

Year	Taxable Value	Tax	Date Paid (if paid)	Payment Made Under Written Protest?
				yes/no

I further certify that the taxable valuation and the taxes ordered abated or refunded by the Board of County Commissioner are as follows:

Year	Reduction in Taxable Valuation	Reduction in Taxes

 County Auditor Date

**Application For Abatement
 Or Refund Of Taxes**

Name of Applicant

Sharon Wheeler

County Auditor's File No.

24-613

Date Application Was Filed With The County Auditor

5/20/24

Date County Auditor Mailed Application to Township Clerk or City Auditor

(must be within five business days of filing date)

Mark Sobrandonis

MP



Human Resources Department

DATE: May 28, 2024

FROM: Leanne Schmidt, Human Resources Director

ITEM: Community Participation Plan

REQUEST:

Receive, consider, and approve the updated Community Participation Plan.

BACKGROUND INFORMATION:

Once approved, the Community Participation Plan will be finalized.

RECOMMENDED CITY COMMISSION ACTION:

Approve the updated Community Participation Plan.

STAFF CONTACT INFORMATION:

Leanne Schmidt, Human Resources Director, 701-355-1332, lschmidt@bismarcknd.gov
Julie Peplinski, HR Assistant, 701-355-1334, jpeplinski@bismarcknd.gov

ATTACHMENTS:

1. Title VI Community Participation Plan - Final Draft

City of Bismarck-Bismarck Airport Community Participation Plan (CPP)¹

1. Administration

The purpose of this CPP is to ensure that stakeholders or communities affected² by **City of Bismarck-Bismarck Airport** projects or operations can be informed and participate and have their input thoughtfully considered in the key stages during airport planning efforts, regardless of their race, color, national origin, sex, sexual orientation, gender identity, creed, age, or disability (hereafter, the “protected bases”). This plan is provided in accordance with Title VI of the Civil Rights Act of 1964 (Title VI) and related authorities.³ This plan and associated reports regarding our CPP efforts will be communicated to the public in formats accessible to persons with disabilities and to limited English proficient (LEP) individuals.

The individuals primarily responsible for implementing the **City of Bismarck** CPP are:

Responsible Official	Title, Office, and Responsibilities
Leanne Schmidt	Human Resources Director, Title VI Coordinator, and ADA Coordinator
Timothy Thorsen	Assistant Airport Director, Airport Staff Official supporting Title VI program, Airport DBE/ACDBE Liaison Officer
Janelle Combs	City Attorney, Staff Official supporting Title VI program

Responsible officials’ contact information is shared with the public through the following methods:

Contacts are included in plans. Plans are posted in the entrances of Bismarck Airport passenger terminal.

¹ See DOT Order 1000.12C, “The U.S. Department of Transportation (DOT) Title VI Program,” Ch. 2, Sec. 4. (Jun. 11, 2021). <https://www.transportation.gov/sites/dot.gov/files/2021-08/Final-for-OST-C-210312-002-signed.pdf>

² Within this CPP, the term “affected” also means *served*, in addition to *positively or negatively impacted*.

³ Related authorities include the Age Discrimination Act of 1975; Sec. 520 of the Airport and Airway Improvement Act of 1982; and the Civil Rights Restoration Act of 1987.

Website, In-person, and Other Communication Methods

- 1. “Contact Us” on City Website**
- 2. “Contact Us” on Airport Web site.**
- 3. In person walk into City Administration/Department offices.**
- 4. Reach out/ respond to phone inquiries.**
- 5. Reach out/respond by letter.**

In addition, **City of Bismarck** will ensure that members of the public are advised of our nondiscrimination obligations. This includes how to file discrimination complaints with **City of Bismarck** and the FAA and other applicable Federal entities. We will also conspicuously display the FAA-provided Unlawful Discrimination Posters at airport facilities. See Notice section of **City of Bismarck**’s Title VI Plan. If changes have been made since the Title VI plan has been completed the poster template below will be filled out and posted:

https://www.faa.gov/about/office_org/headquarters_offices/acr/com_civ_support/non_disc_pr/

City of Bismarck also makes this CPP available through the following methods when engaging members of the public concerning planning efforts:

Website, In-person, and Other Distribution Methods

- 1 City building entrances citywide**
- 2 City Website**
- 3. Bismarck Airport Website**
- 4. Public Access TV**
- 5. Press releases**

2. Goals and Objectives

This CPP applies to all airport planning and decision-making efforts, whether or not, directly supported by Federal assistance. This includes surveys, public meetings (e.g., airport commission meetings), and hearings, not only meetings for a project requiring an environmental impact statement (EIS) or environmental assessment (EA).

City of Bismarck’s planning processes that lead to decisions for projects or operations or those of any sub-recipients are:

The Airport Master Plan is posted at <https://www.bismarckairport.com/>. Approved EA’s are posted at <https://www.bismarckairport.com/>.

Bismarck Airport conducts a Capital Improvement Program (CIP) meeting with FAA-Dakota Minnesota Airports District Office (ADO) monthly, each third Thursday at 10:00 AM CT. The

meeting is conducted in person at airport administration with call in and MS Teams also available. North Dakota Aeronautics Commission (NDAC) project manager attends the monthly meeting. Annually (summer) a specific meeting is set up with NDAC to discuss CIP and grant needs. Ad hoc meetings are scheduled to complete periodic plan reviews. Approval of plans and other actions occurs at meetings of the Board of City Commissioners which is the elected governing board of Bismarck Airport.

Planning Processes

1. Terminal Expansion Study
2. City Commission meetings
3. Budget Committee meetings
4. FAA CIP meetings
5. NDAC CIP meetings
6. Periodic project plan review meetings
7. Weekly scheduled construction progress meetings

City of Bismarck seeks public input for the above processes through the following methods:

Public Input Methods	Planning Process(es) that use each Method
A. Advertised (Public Notice) through local newspaper of record	#2, 3, 6
B. Published on City and Airport Website	#1,2,3, 6
C. Direct outreach to known ACDBE's on NDDOT web site (Unified Certification Program for ND).	#1
D. Public Open house for project review	#1
E. Public comment period at City Commission Meetings	#1,2,3,4

3. Identification of and Focused Outreach to Affected Communities

See Community Statistics section of **City of Bismarck**'s Title VI Plan, for detailed discussion of Affected Communities.

The specific steps **City of Bismarck** will take to communicate with, inform, educate, consult, or solicit input from, and expand opportunities for engagement with each Affected Community,⁴ are provided below.

Affected Community	Key Community Reps. (CBOs, leaders, etc.)	Focused Outreach Steps
a. Bismarck Public	<ul style="list-style-type: none"> a. City Administration Assistants. b. City Communications Strategist c. Airport Marketing and Operations Manager . 	<ul style="list-style-type: none"> a. Public Notices (Bismarck Tribune) b. Commission Meetings (Public Access TV and Internet. c. City Website d. Airport web site e. Public open house meetings f. Direct outreach

City of Bismarck will ensure that public engagement is effective, meaningful, and free of linguistic, economic, historical, and cultural barriers to participation. Every effort will be taken to ensure clear, plain, and effective communication with Affected Communities, including materials in accessible formats for persons with disabilities and in languages other than English. See Limited English Proficiency (LEP) section of **City of Bismarck**'s Title VI Plan.

⁴ "Affected communities" means any readily identifiable group potentially impacted by an airport project or operation, such as the community immediately surrounding a project or a community in the flight path.

5. Communication Platforms

Diverse communication platforms will be utilized to effectively reach the broadest audience. We will use the following platforms to communicate project details, our nondiscrimination obligations, and contact information for the public to share project or operational feedback with our office and the FAA.

Social Media, Monitors, and Other Communication Platforms

1 Airport and City Website

2 Publish in Local Newspaper of Record

3. Survey comments at City Commission meetings

6. Records

This section includes the procedures **City of Bismarck** will follow to document our outreach efforts. Records for steps taken to provide outreach to Affected Communities will be maintained in the following locations:

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Records will be kept for community input. The records will document how **City of Bismarck** considered, weighed, and incorporated input received. The records will include justifications for any decisions contrary to community feedback.

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⁵ This information is solicited to demonstrate compliance with Title VI and related requirements. See 49 CFR § 21.9(b); 49 U.S.C. § 47123; 28 CFR § 42.406; and FAA Order 1400.11.

CPP records will be made available to the public using the same methods for other information outlined within this plan.

7. Reporting Outcomes

Within 30 days of the end of each fiscal year (FY), City of Bismarck will create a CPP Report for that current FY. The report will summarize efforts taken under this CPP in a narrative statement describing:

1. The specific steps taken to produce meaningful engagement with Affected Communities that FY,
2. The results of those efforts for that FY, and
3. How the Affected Communities' comments and views are or will be incorporated into the decision-making process.

The CPP Reports will be included with **City of Bismarck's** Title VI Plan. The CPP reports for the previous three years will be added to the three-year update of the Title VI Plan.



Human Resources Department

DATE: May 28, 2024

FROM: Leanne Schmidt, Human Resources Director

ITEM: Title VI Plan

REQUEST:

Receive, consider, and approve the City of Bismarck Title VI Plan updated changes from the Federal Aviation Administration.

BACKGROUND INFORMATION:

Once approved, the Title VI Plan will be finalized.

RECOMMENDED CITY COMMISSION ACTION:

Approve the updated City of Bismarck Title VI Plan.

STAFF CONTACT INFORMATION:

Leanne Schmidt, Human Resources Director, 701-355-1332, lschmidt@bismarcknd.gov
Julie Peplinski, HR Assistant, 701-355-1334, jpeplinski@bismarcknd.gov

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5. Communication Platforms

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Social Media, Monitors, and Other Communication Platforms

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6. Records

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3. How the Affected Communities' comments and views are or will be incorporated into the decision-making process.

The CPP Reports will be included with **City of Bismarck's** Title VI Plan. The CPP reports for the previous three years will be added to the three-year update of the Title VI Plan.



Police Department

DATE: May 28, 2024

FROM: Dave Draovitch, Police Chief

ITEM: Bomb Squad Trailer Disposal

REQUEST:

Dispose of a bomb squad trailer that is obsolete and serves no purpose for the City of Bismarck.

BACKGROUND INFORMATION:

The Bismarck Police Department has had this homemade bomb trailer for over 30 years, and it no longer serves a purpose for the police department. I have asked the Public Works Department if they would like to re-purpose it or use it for scrap metal. They also have no use for it, so we are requesting it to be sent to the landfill for scrap.

RECOMMENDED CITY COMMISSION ACTION:

Approve Bismarck Police Department to transfer the bomb squad trailer to the landfill for scrap.

STAFF CONTACT INFORMATION:

Jason Stugelmeyer, Deputy Police Chief-Support Services, 701-355-1862,
jstugelmeyer@bismarcknd.gov

ATTACHMENTS:

1. Bomb Squad Trailer Picture





Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Fire Station 2 Generator Replacement Bid Award

REQUEST:

Permission to award the bid for design and construction administration services for the Fire Station 2 Generator Replacement project to Apex Engineering Group, Inc.

BACKGROUND INFORMATION:

Written proposals from qualified consultants were received on Friday, March 8, 2024. We are requesting to award Apex Engineering Group, Inc. for the design and construction administration services for Fire Station 2 Generator Replacement in the amount of \$12,600. The letter of agreement, consultant ranking, and Request for Qualifications are attached.

RECOMMENDED CITY COMMISSION ACTION:

Approve bid award to Apex Engineering Group, Inc. in the amount of \$12,600 for the Fire Station 2 Generator Replacement project.

STAFF CONTACT INFORMATION:

ATTACHMENTS:

1. Fire Station No. 2 Generator Replacement - Agreement Letter
2. Consultant Ranking Fire Station 2 - Generator Replacement
3. Fire Station 2 Generator Replacement RFQ

April 16, 2024

Mr. Bruce Schirado
Facility Manager
City of Bismarck
PO Box 5503
Bismarck ND 58506-5503

**Re: Fire Station No. 2 – Generator Replacement
City of Bismarck
Bismarck, North Dakota
Apex Project No. 24.118.0033**

Dear Mr. Schirado:

We have reviewed the information shared by you along with the original electrical drawings dated August 1973. Our understanding is that the project will consist of removal of the existing natural gas generator and associated switchgear, installation of a new diesel unit (sized to handle the entire facility), a new closed transition automatic transfer switch, a new maintenance switch, and an alternate bid to replacement of the existing main distribution panel. Apex Engineering will coordinate the required electrical interconnections and relaying with Montana Dakota Utilities (MDU).

We would like to offer our design and construction administration services to you based on the following lump sum amounts.

• Development of CAD files from scanned originals	\$1,600.00.
• Design Services (base plus alternate)	\$8,000.00.
• Construction Services Base Bid Only	\$2,500.00.
• <u>Construction Services Alternate Bid Only</u>	<u>\$500.00.</u>
Total Design and Construction Fee	\$12,600.00

Included in the design would be full plans and technical specifications based on the existing drawings, physical walk through of the existing site, potential equipment suppliers, meetings with the City staff. Construction services would include attending construction meetings, preparation of field orders, answering contractor's questions, reviewing of shop drawings, and final punch list.

If you have any questions regarding this opinion of cost and fee proposal, please feel free to call me at 701-323-3961.

Sincerely,



John M. Klein, PE
Apex Engineering Group, Inc.

Cc: File

If you agree to the information presented in this Letter of Agreement and the Scope of Services, and General Terms & Conditions we would appreciate your signed response. The above agreement is subject to our attached General Terms and Conditions, and 2024 Standard Hourly Rates (Attached).

Proposed by (Apex Engineering Group):

Date:

Mike Berg
Mike Berg, PE
Principal / Vice President
Apex Engineering Group, Inc.

4/17/24

Accepted by (Client/Owner):

Date:

Client/Owner Representative
Michael T. Schmitz, President
Board of City Commissioners

Attest:

Jason Tomanek Date
City Administrator

General Provisions of Engineering Agreement

ARTICLE 1. GENERAL

These General Provisions supplement and become part of the Agreement between Apex Engineering Group, Inc., a North Dakota Corporation, hereinafter referred to as APEX, and the other Party to the Agreement, hereinafter referred to as CLIENT, wherein the CLIENT engages APEX to provide professional services for a "Project" which may include certain Design Engineering, Planning, Study, Surveying, and/or Construction Observation and Construction Administration services. Either Party to this Agreement may be referred to as a "Party" or collectively as "Parties."

As used herein, the term "Agreement" refers to (1) APEX's original Engagement Letter or proposal (the "Engagement Letter") which forms the basis for the Agreement; (2) these General Provisions, and (3) any attached Exhibits, as if they were part of one and the same document. With respect to the order of precedence, any attached Exhibits shall govern over these General Provisions and the Engagement Letter shall govern over any attached Exhibits and these General Provisions.

ARTICLE 2. STANDARD OF CARE

APEX agrees that the Services provided pursuant to this Agreement shall be provided with that degree of knowledge, skill and judgment ordinarily possessed by members of the profession and shall be performed faithfully and diligently in a manner a reasonably prudent Engineer would ordinarily exercise under similar circumstances at the same time and in the same locality. APEX further warrants that the Services shall be provided in a manner consistent with the standard of care applicable to those who specialize in providing Services for projects of the type, scope, and complexity provided for under this Agreement. APEX makes no warranties, express or implied, under this Agreement or otherwise, in connection with APEX's services. Subject to the foregoing standard of care, APEX and its consultants may use or rely upon design elements and information ordinarily or customarily furnished by others, including, but not limited to specialty contractors, manufacturers, suppliers, and publishers of technical standards.

ARTICLE 3. PERIOD OF SERVICE

The term of this Agreement for the performance of services hereunder shall be as set forth in APEX's Engagement Letter. Any lump sum or estimated maximum payment amounts set forth in the Engagement Letter have been established in anticipation of the orderly and continuous progress of the project in accordance with the schedule set forth in the Engagement Letter or any Exhibits attached thereto.

ARTICLE 4. COMPENSATION TO APEX

A. Compensation to APEX for services shall be as designated in the Engagement Letter or in an attached Exhibit. The CLIENT shall make monthly payments to APEX within 30 days of date of invoice.

B. The CLIENT will pay the balance stated on the invoice unless CLIENT notifies APEX in writing of the particular item that is alleged to be incorrect within 15 days from the date of invoice, in which case all undisputed items shall be paid and amounts in dispute shall become due upon an adjudicated resolution or upon agreement of the parties. All accounts unpaid after 30 days from the date of original invoice shall be subject to a service charge of 1-1/2% per month, or the maximum amount authorized by law, whichever is less. In addition, APEX may, after giving seven days' written notice to the CLIENT, suspend services under this Agreement until APEX has been paid in full or all amounts then due for services, expenses and charges not in dispute.

ARTICLE 5. ADDITIONAL SERVICES

If APEX is of the opinion that any work it has been directed to perform is beyond the Scope of this Agreement, or that the level of effort required exceeds that estimated due to changed conditions and thereby constitutes Additional Services, it shall notify the CLIENT of that fact. Upon written notification to CLIENT, APEX shall be entitled to additional compensation for same, and to an extension of time for completion absent timely written objection by CLIENT to the scope of Additional Services Payment for additional services shall be described in a Contract Amendment which will be executed by the CLIENT and APEX.

ARTICLE 6. ABANDONMENT, CHANGE OF PLAN AND TERMINATION

CLIENT has the right to terminate this Agreement upon seven days written notice for convenience. In addition, the CLIENT may at any time reduce the scope of this Agreement. Such reduction in scope shall be set forth in a written notice from the CLIENT to APEX.

In the event of a termination or reduction in scope of the project work, APEX shall be paid for the work performed and expenses incurred on the project work and for any completed and abandoned work for which payment has not been made, computed in accordance with the provisions of the Engagement Letter and payment of a reasonable amount for services and expenses directly attributable to termination, both before and after the effective date of termination, such as reassignment of personnel, costs of termination contracts with APEX's sub-consultants, costs of producing copies of file materials and other related close-out costs.



APEX has the right to terminate the Agreement upon seven days written notice for breach of any material condition, nonpayment of fees, inability to reach agreement on additional services, changes in parties or substantially changed conditions.

ARTICLE 7. OWNERSHIP AND REUSE OF DOCUMENTS

All documents, including reports, drawings, calculations, specifications, CADD materials, computer software or other work product prepared by APEX pursuant to this Agreement are Instruments of Service and APEX and CLIENT retain ownership interests in said Instruments of Service, including copyrights and right of reuse, whether or not the project is completed. CLIENT'S license to use the documents is granted only when APEX is paid in full for services duly rendered. Any use or reuse or any modification of such Instruments of Service, except for the specific purpose intended, by the CLIENT or others without written consent, verification, or adaptation by APEX will be at the CLIENTS's risk and full legal responsibility. In this regard, the CLIENT shall indemnify and hold harmless APEX and its employees and officers from any and all suits or claims arising out of such use or reuse which is not specifically verified, adapted, or authorized by APEX. Copies of documents that may be relied upon by the CLIENT are limited to the printed copies (also known as hard copies) that are signed or sealed by APEX's Professional Engineer(s) or Land Surveyor (s).

ARTICLE 8. USE OF ELECTRONIC MEDIA

Files in electronic format furnished to the CLIENT are only for convenience of the CLIENT. Any conclusion or information obtained or derived from such electronic files will be at the users' sole risk. If there is a discrepancy between the electronic files and the hard copies, the hard copies govern. In the event electronic copies of documents are made available to the CLIENT, the CLIENT acknowledges that the useful life of electronic media may be limited because of data stored on electronic media can deteriorate or be modified inadvertently, obsolescence of the computer hardware and/or software systems or other causes outside of APEX's control. The party receiving electronic files agrees that it will perform acceptance tests or procedures within 60 days, after which the receiving party shall be deemed to have accepted the data thus transferred.

If requested, at the time of completion or termination of the work, APEX shall make available to the CLIENT, at CLIENT's expense, copies of the Instruments of Service upon (1) payments of amounts due and owing for work performed and expenses incurred under this Agreement, and (2) fulfillment of the CLIENT's obligation under this Agreement.

ARTICLE 9. CLIENT'S RESPONSIBILITIES

A. To permit APEX to perform the services required hereunder, the CLIENT shall supply, in proper time and sequence, the following at no expense to APEX.

1. All necessary information regarding its requirements as necessary for orderly progress of the work.
2. Designate in writing a person to act as CLIENT's representative with respect to the services to be rendered under this Agreement. Such person shall have authority to transmit instructions, receive instructions, receive information, and interpret and define CLIENT's policies with respect to APEX's services
3. Furnish, as required for performance of APEX's services (except to the extent provided otherwise in the Engagement Letter or any Exhibits attached thereto), data prepared by or services of others, including without limitation, soil borings, probing and subsurface explorations, hydrographic and geo-hydrologic surveys, laboratory tests and inspections of samples, materials and equipment; appropriate professional interpretations of all the foregoing; environmental assessment and impact statements; property, boundary, easement, right-of-way, topographic and utility surveys; property descriptions; zoning, deed and other land use restrictions; and other special data not covered in the Engagement Letter or any Exhibits attached thereto.
4. Provide access to, and make all provisions for APEX to enter upon publicly or privately owned property as required to perform the work.
5. Act as liaison with other agencies or involved parties to carry out necessary coordination and negotiations; furnish approvals and permits from all governmental authorities having jurisdiction over the project and such approvals and consents from others as may be necessary for completion of the project.
6. Give prompt written notice to APEX whenever the CLIENT observes or otherwise becomes aware of any development that affects the scope or timing of APEX's services or any defect in the work of Construction Contractor(s), sub-consultants or APEX.
7. Provide such accounting, independent cost estimating and insurance counseling services as may be required for the project, such legal services as the CLIENT may require or APEX may reasonably request with regard to legal issues pertaining to the project including any that may be raised by contractor(s), such auditing service as CLIENT may require to ascertain how or for what purpose any contractor has used the monies paid under the construction contract, and such inspection services as CLIENT may require to ascertain that contractor(s) are complying with any law, rule, regulation, ordinance, code or order applicable to their furnishing and performing the work.



8. Provide "record" drawings and specifications for all existing physical plants or facilities which are pertinent to the project.
9. Act promptly to approve all pay requests, Supplemental Agreements, or requests for information by APEX as set forth herein.
10. Require all Utilities with facilities in the CLIENT's right-of-way to locate and mark said utilities upon request, relocate and/or protect said utilities as determined necessary to accommodate work of the project, submit a schedule of the necessary relocation/protection activities to the CLIENT for review and comply with agreed upon schedule.
11. Provide other services, materials, or data as may be set forth in the Engagement Letter or any Exhibits attached thereto.

B. APEX shall be entitled to rely on the accuracy and completeness of information furnished by the CLIENT. If APEX finds that any information furnished by the CLIENT is in error or is inadequate for its purpose, APEX shall promptly notify the CLIENT.

ARTICLE 10. OPINIONS OF COST

Opinions of probable project cost, construction cost, financial evaluations, feasibility studies, economic analysis of alternate solutions and utilitarian considerations of operations and maintenance costs provided for in the Engagement Letter or any Exhibits attached thereto, are made on the basis of APEX's experience and qualifications and represent APEX's judgment as an experienced and qualified design professional. It is recognized that Apex does not have control over the cost of labor, material, equipment or services furnished by others or over market conditions or contractors' methods of determining their prices. Accordingly, APEX does not guarantee that proposals, bids or actual costs will not vary from opinions, evaluations or studies submitted by APEX to CLIENT hereunder.

ARTICLE 11. CONSTRUCTION PHASE SERVICES

A. CLIENT acknowledges that it is customary for the Engineer who is responsible for the preparation and furnishing of Drawings and Specifications and other construction-related documents to be employed to provide professional services during the Construction Phases of the project, (1) to interpret and clarify the documentation so furnished and to modify the same as circumstances revealed during bidding and construction may dictate, (2) in connection with acceptance of substitute of or-equal items of materials and equipment proposed by bidders and contractor(s), (3) in connection with review of shop drawings and sample submittals, and (4) as a result of and in response to APEX's detecting in advance of performance of affected work inconsistencies of irregularities in such documentation. Nothing contained in this paragraph shall be construed to release APEX (or Apex's professional associates or consultants) from liability for failure to perform

in accordance with professional standards any duty or responsibility which Apex has undertaken or assumed under this Agreement.

B. APEX shall not at any time supervise, direct, control or have authority over any Constructor or Contractor's work, nor shall APEX have authority over or be responsible for the means, methods, techniques, sequences, or procedures of construction selected or used by any Contractor, or the safety precautions and programs incident thereto, for security or safety at the Project site, nor for any failure of a Contractor to comply with laws and regulations applicable to such Contractor's furnishing and performing of its work.

C. DESIGN WITHOUT CONSTRUCTION PHASE SERVICES.

Engineer shall be responsible only for those Construction Phase services expressly required of Engineer in attached scope of services document. With the exception of such expressly required services, Engineer shall have no design, Shop Drawing review, or other obligations during construction, and Owner assumes all responsibility for the application and interpretation of the Construction Contract Documents, review and response to Contractor claims, Construction Contract administration, processing of Change Orders and submittals, revisions to the Construction Contract Documents during construction, construction observation and review, review of Contractor's payment applications, and all other necessary Construction Phase administrative, engineering, and professional services. Owner waives all claims against the Engineer that may be connected in any way to Construction Phase administrative, engineering, or professional services except for those services that are expressly required of Engineer in the scope of services document.

ARTICLE 12. INSURANCE

APEX shall procure and maintain insurance coverage for protection from claims against it under Workers' Compensation, claims for General Liability and from claims against it for Automobile Liability. APEX will provide certificates of insurance coverage to CLIENT upon request.

APEX shall procure and maintain professional liability insurance for protection from claims arising out of performance of professional services caused by any negligent act, error, or omission in the amount of \$2,000,000 per claim and \$3,000,000 per aggregate. Proceeds of such insurance claims shall be limited to the amount of actual liability attributed to APEX only, and shall not include liability of any other entity.

APEX will maintain Insurance Coverage in the following amounts:

Worker's Compensation	Statutory	
General Liability	\$2,000,000	Each Occurrence
Automobile Liability	\$1,000,000	Each Accident
Professional Liability	\$2,000,000	Each Claim

If the CLIENT requires coverage or limits in addition to the above stated amounts, premiums for additional insurance shall be paid by the CLIENT.

Certificates of insurance will be provided to the CLIENT upon request.

ARTICLE 13. ASSIGNMENT

This Agreement shall not be assigned, sublet or transferred without the written consent of APEX and the CLIENT. Neither APEX nor CLIENT shall assign its rights, interests or obligations under this Agreement without the express written consent of the other party. Any assignment of the Agreement, or claims arising under or relating to the Agreement without the written consent of both Parties shall be null and void.

ARTICLE 14. CONTROLLING LAW

This Agreement is to be governed by the law of the state or jurisdiction in which the Project is located unless otherwise designated and agreed upon by both Parties.

ARTICLE 15. SEVERABILITY

Any provision or portion thereof in this Agreement which is held to be void or unenforceable under any law shall be deemed stricken, and all remaining provisions shall continue to be valid and binding between CLIENT and APEX.

ARTICLE 16. MUTUAL INDEMNITY

APEX and the CLIENT shall indemnify and hold harmless each other and their respective officers, directors, members, partners, agents, consultants and employees from damages arising out of the Services, provided that such damage is attributable to bodily injury, sickness, disease, or death, or to injury to or destruction of tangible property (other than the Services itself), including the loss of use resulting therefrom, but only to the extent caused by any negligent act or omission of the other party or their respective officers, directors, members, partners, agents, consultants or employees.

Each party's liability hereunder shall be limited to the total amount of the coverage specified in APEX's insurance coverage required under this Agreement. APEX and the CLIENT shall not be liable to the other party for any special, incidental, indirect or consequential damages whatsoever arising out of, or resulting from, or in any way related to the Services and each parties respective performance of their obligations there under.

ARTICLE 17. CONFLICT RESOLUTION

In an effort to resolve any conflicts that arise during the design or construction of the project or following the completion of the project, the CLIENT and APEX agree that all disputes between them arising out of or relating to this Agreement shall be submitted to nonbinding mediation as a precondition to any formal legal proceedings.

ARTICLE 18. CONFIDENTIALITY

APEX agrees to keep confidential and not to disclose to any person or entity, other than APEX's employees, sub-consultants and the general contractor and subcontractors, if appropriate, any data and information furnished to APEX and marked CONFIDENTIAL by the CLIENT. These provisions shall not apply to information in whatever form that comes into the public domain, nor shall it restrict APEX from giving notices required by law or complying with an order to provide information or data when such order is issued by a court, administrative agency or other authority with proper jurisdiction, or if it is reasonably necessary for APEX to complete services under the Agreement or defend itself from any suit or claim.

ARTICLE 19. UNDERGROUND UTILITIES

If authorized in the Engagement Letter, APEX and/or its authorized sub consultant will conduct the research that in its professional opinion is necessary and will prepare a plan indicating the locations intended for subsurface penetrations with respect to assumed locations of underground improvements. Such services by APEX or its sub-consultant will be performed in a manner consistent with the ordinary standard of care.

ARTICLE 20. PRESENCE OF HAZARDOUS ENVIRONMENTAL CONDITIONS

The parties acknowledge that APEX's Services do not include any services related to unknown or undisclosed Constituents of Concern. If APEX or any other party encounters, uncovers, or reveals an unknown Constituent of Concern, then APEX may, at its option and without liability for consequential or any other damages, suspend performance of Services on the portion of the Project affected thereby until such portion of the Project is no longer affected, or terminate this Agreement for cause if it is not practical to continue providing Services.

Constituent of Concern is defined as: Asbestos, petroleum, radioactive material, polychlorinated biphenyls (PCBs), hazardous waste, and any substance, product, waste, or other material of any nature whatsoever that is or becomes listed, regulated, or addressed pursuant to (a) the Comprehensive Environmental Response, Compensation and Liability Act, 42 U.S.C. §§9601 et seq. ("CERCLA"); (b) the Hazardous Materials Transportation Act, 49 U.S.C. §§5101 et seq.; (c) the Resource Conservation and Recovery Act, 42 U.S.C. §§6901 et seq. ("RCRA"); (d) the Toxic Substances Control Act, 15 U.S.C. §§2601 et seq.; (e) the Clean Water Act, 33 U.S.C. §§1251 et seq.; (f) the Clean Air Act, 42 U.S.C. §§7401 et seq.; or (g) any other federal, State, or local statute, law, rule, regulation, ordinance, resolution, code, order, or decree regulating, relating to, or imposing liability or standards of conduct concerning, any hazardous, toxic, or dangerous waste, substance, or material.



ARTICLE 21. CLIENT’S ACCEPTANCE BY PURCHASE ORDER

In lieu of or in addition to execution of the Engagement Letter, the CLIENT may authorize APEX to commence services by issuing a purchase order by a duly authorized representative. Such authority to commence services or purchase order shall incorporate by reference the terms and conditions of this Agreement. In the event the terms and conditions of this Agreement conflict with those contained in the CLIENT’s purchase order, the terms and conditions of the Agreement shall govern. Notwithstanding any purchase order provisions to the contrary, no warranties, express or implied, are made by APEX. In order to implement the intent of Parties to this Agreement, the Parties agree that the Engagement Letter, these General Provisions, and any Exhibits constitute the entire Agreement between them. The Parties further agree that the preprinted terms and conditions of any CLIENT-generated purchase order issued to request work pursuant to this Agreement will not apply to the work, regardless of whether APEX executes the purchase order in acceptance of the work.





Water | Transportation | Municipal | Facilities

2024 Rate Schedule

Classification	Hourly Rate
Principal Engineer	\$226
Senior Engineer	\$208
Lead Engineer	\$195
Design Engineer II	\$181
Design Engineer	\$168
Project Engineer	\$150
Graduate Engineer	\$137
Senior Environmental Engineer	\$221
Lead Environmental Engineer	\$200
Environmental Engineer	\$184
Graduate Environmental Engineer	\$147
Survey Manager	\$185
Sr. Survey Crew Chief	\$173
Survey Crew Chief	\$162
Surveyor II	\$139
Surveyor I	\$116
Survey Technician	\$109
Operations Specialist	\$185
Lead Environmental Planner	\$177
Environmental Planner	\$141
Right-of-Way Specialist	\$170
Senior Engineering Technician	\$149
Lead Engineering Technician	\$134
Engineering Technician III	\$118
Engineering Technician II	\$112
Engineering Technician I	\$102
GIS Coordinator	\$155
GIS Technician	\$118
Support Staff III	\$121
Support Staff II	\$111
Support Staff I	\$105

Reimbursable Expenses:

Car/Standard Vehicle	\$ IRS Rate/Mile
Survey Vehicle	\$1.00/Mile
4WD Pickup	\$0.75/Mile
Field Vehicle	\$110/Day
All-Terrain Vehicle	\$70/Day
Meals (Per Diem)	\$45/Day
Lodging	At Cost
Field Supplies	At Cost
Printing: 8 ½ x 11 – color or b/w	\$.10/Each
11 x 17 – color or b/w	\$.15/Each
Wide Format – color or b/w	\$0.35/ft ²

City of Bismarck
RFQ for Engineering Services
Fire Station 2 - Generator Replacement

Proposals accepted until 4:00 pm CT on Friday, March 8, 2024,
Consultant Ranking

VENDOR	Rank
Apex Engineering Group, Inc.	1
EAPC Architects Engineers	5
MBN Engineering	3
Prairie Engineering, PC	2
SEH, Inc.	4

REQUEST FOR QUALIFICATIONS FOR ENGINEERING SERVICES

Fire Station 2 835 East Bismarck Expressway Generator Replacement

The City of Bismarck Public Works Service Operations requests written qualifications from professional Engineering firms for engineering services required to complete the following:

1. Evaluate, design, prepare plans, specifications, and bidding documents. Also included shall be construction administration services for the replacement of the existing generator.
2. Removal of existing generator and transfer switch. Owner shall retain first right of salvage on this equipment.
3. The new generator shall have a closed transfer switch and shall be expected to supply 100% power supply to the building.
4. The supplier of the generator must be within 75 miles of the job site.
5. Generator will have a 5-year service and warranty contract.
6. The selected firm will be responsible for assisting the City of Bismarck in obtaining any necessary approvals and/or permits from the North Dakota Department of Environmental Quality and any other agencies.
7. The schedule is for the design and construction in the 2024 budget.

The engineering selection process will be completed in accordance with established City of Bismarck procedures. Written proposals shall address the firm's ability to perform the necessary services in a timely manner. Written proposals shall be limited to a maximum of either 20 single-sided or 10 double-sided standard (8-1/2x11) paper pages. The primary consideration items will be, but not limited to, the firm's:

1. Technical capabilities of Firm and of proposed project team.
2. Experience and performance of Firm and of proposed project team.
3. Understanding of project and proposed work approach.
4. Knowledge of regulations and local conditions.
5. Ability to respond in a timely manner.
6. Availability of qualified personnel; project personnel assignments and qualifications.
7. Experience with similar type of projects.

The selection of firms will be based on an evaluation of the written proposals. A selection committee may interview selected firms, but a professional services agreement will be executed with a single firm. A detailed scope of work will be developed, and price will be negotiated with the selected firm. An engineering agreement, including price schedule, will be negotiated with the selected firm for approval by the Board of City Commissioners.

Technical inquiries should be directed to Bruce Schirado, City of Bismarck Public Works Service Operations Department (701-355-1700) or bschirado@bismarcknd.gov.

Written proposals from qualified consultants will be accepted until 4:00 pm CT on Friday, March 8, 2024, in the format prescribed by the City. Submit six (6) hard copies and one digital copy of the proposal by mail or deliver documents to:

Public Works Service Operations Department
Attn: Bruce Schirado, Facilities Manager
601 South 26th Street, Bismarck ND 58504
PO Box 5503, Bismarck, ND 58506-5503

The City reserves the right to reject any or all proposals or inquiries, waive any informality in the process or to accept any response it may deem to be in the best interest of the City.

Dated this 20th day of February 2024.

Bis Trib Adv: 2/20 & 2/27



Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Grant Awards for Noxious Weeds Management

REQUEST:

Permission from the Weeds Division to assist the Bismarck Parks and Recreation Board, as a subrecipient, for two (2) noxious weeds management grant awards.

BACKGROUND INFORMATION:

The City Commissioners approved at the 2/27/2024 meeting our request to apply for two (2) grants on behalf of Bismarck Parks and Recreation, which will help them manage noxious weeds throughout the Park District. Because the City of Bismarck has its own Weed Board and Weed Officer, the City needs to submit documentation for the grants to the State Department of Agriculture for Bismarck Parks and Recreation.

1. Grant 24-169 from the ND Department of Agriculture will provide funding for the purchase of mapping technology, allowing Parks and Recreation to record and manage pesticide applications across the park district. Total project cost of \$5,650, (75:25 with Bismarck Parks & Recreation responsible for the Subgrantee Share of \$1,412.50).
2. Grant 24-170 will provide funding to hire a contractor to perform herbicide application via drone in difficult-to-manage areas in the coulees along Valley Drive Park. Total project cost of \$4,322.80, (50:50 with Bismarck Parks & Recreation responsible for the Subgrantee Share of \$2,161.40).

RECOMMENDED CITY COMMISSION ACTION:

Grant permission for Weeds Division to assist Bismarck Parks and Recreation with documentation of bid award for two grants which will provide technology and resources for the management of noxious weeds on Parks and Recreation property.

STAFF CONTACT INFORMATION:

Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Christy Ames-Davis, Forestry Programs Coordinator, 701-355-1723, comes@bismarcknd.gov

ATTACHMENTS:

1. 24-169 NGA Bismarck City Weed Board
2. 24-170 NGA Bismarck City Weed Board

3. ND Dept of Agriculture Grant App Approval



NOTICE OF GRANT AWARD-FEDERAL SOURCE
NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 SFN 60710 (6-2023)

North Dakota Department of Agriculture
 600 E Boulevard Ave, Dept 602
 Bismarck ND 58505-0020

Grant Number 24-169	CFDA Number 10.680	Grant Period From: 05/15/2024 Through: 12/31/2024
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This grant is not effective and expenditures related to this grant should not be incurred until fully executed by both parties.

Federal Awarding Agency USDA - Forest Service		Title of Project/Program Forest Health-Invasive Species	
Federal Agreement Date 11/01/2022	Federal Agreement Amount \$80,000.00	Federal Agreement Number 23-DG-11010000-002	NDDOA Grant Code DA07325
Subgrantee Name and Address Bismarck City Weed Board 601 S 26th Street Bismarck, ND 58504		Grantee Name and Address ND Department of Agriculture 600 E. Boulevard Ave., Dept. 602 Bismarck, ND 58505-0020	
Subgrantee Contact Name John Arlien	Telephone Number (701) 220-0365	Grantee Contact Name Samantha Brunner	Telephone Number (701) 328-4765
Financial Information Amount of Financial Assistance	Subgrantee Amount \$4,237.50	Subgrantee Share Required \$1,412.50	Total Project Cost \$5,650.00

Scope of Service
 Grantee agrees to the purchase of datalogging equipment to update GPS/GIS mapping equipment for the mapping of noxious and invasive weed data, documentation of noxious weed control, and to increase efficiency within counties.

Grantee agrees to reimbursement of expenses provided all financial documentation found within the reporting requirements has been received. Reimbursement requests must be made in writing. Reimbursement of expenses is 75% of actual expenditures, up to the total grant amount as required by NDCC 4.1-47-15.

Reporting Requirements
 Reimbursement requests must include all financial documentation (i.e. receipts and invoices) and are due December 31, 2024.

Grantee agrees to work with Grantor's GIS specialist to analyze noxious weed control data. Data must be sent to Grantor electronically (ex. Shapefile) by Annual Survey deadline on or before March 1st each year for the next three (3) years. Reporting must include program summary, maps created by mapping technology, contact person, and additional information.

Special Conditions
 Abide by the additional requirements as specified in the Grantor's Notice of Grant Award Requirements.

Failure to submit data may affect future funding.

This Notice of Grant Award is subject to the terms and conditions incorporated either directly or by reference in the following:
 (1.) Requirements for Notice of Grant Awards issued by ND Department of Agriculture as signed by Subgrantee for the period July 1, 2023 to June 30, 2025. [Accounting Use Only Requirements Received] (2.) Applicable Federal and State regulations.

Evidence of Subgrantee's Acceptance

Evidence of Departmental Acceptance

Signature	Date	Signature	Date
Typed Name of Authorized Representative		Typed Name of Authorized Representative Jeannie Jacobs-Kopp	
Title		Title Grants and Contracts Officer	

Noxious Weed Mapping Technology Grant Application

Applicant Weed Board: City of Bismarck

Primary Contact: John Arlien

Address: 601 south 26th Street

Phone Number: 701-220-0365

Email: publicworks@bismarcknd.gov

Amount Requested (75% but no more than \$7,600): \$4237.50

Match Amount (at least 25%): \$1412.50

Total Equipment cost (100%): \$5650.00

Project Purpose

Why is this grant important to your program?

Purchasing this new software and hardware it would enable our staff to better manage record and track herbicide/pesticide applications. The GPS tracking would ensure better application coverage and assist in not over applying due to inadvertent overlap.

If your county currently is using similar technology, what is being used?

We are not currently using this technology; this would be an improvement for our system of recordkeeping. The software will allow applications to be tracked electronically and improve efficiency.

How will this benefit your county?

This will increase efficiency in retrieving documentation for applications in areas where requests are made.

In what ways will the data/information be utilized?

The data will be used to track areas that have been treated. Dates, time, chemical types, weather, etc. will be more accurately tracked and documented.

Does your county have the funds to pay the continuing costs of the chosen equipment, such as subscriptions (Note: TAG funds can be used for this purpose)? Yes, this will be accounted for in our annual budget.

Noxious Weed Mapping Technology Grant Application

Project Goals

How many mapping units is your county requesting?

We would be requesting 1 initially.

Where will these units be installed? (Vehicle, ATV/UTV, Backpack)

The unit would be installed on a UTV

What company are you planning on purchasing from?

We were planning on purchasing from Spray Sync.

By what date do you plan on having these installed?

We plan to have it installed by June or earlier, depending on when the equipment is available and shipped.

What date did the company quote for delivery of the equipment?

Current lead time to have the equipment Shipped is 1-2 weeks. If the equipment is to be installed by Spray Sync, the tentative timeframe is late April to beginning of May for installation.

Applicant understands there will be a cost share of 25% to the county and 75% to the state.

Applicant has attached a quote if purchasing equipment from a company other than what is included on the state contract with Spray Sync

Applicant agrees to work with the Dept. of Agriculture GIS specialist to analyze data.



NOTICE OF GRANT AWARD-FEDERAL SOURCE
NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 SFN 60710 (6-2023)

North Dakota Department of Agriculture
 600 E Boulevard Ave, Dept 602
 Bismarck ND 58505-0020

Grant Number 24-170	CFDA Number 10.680	Grant Period From: 05/15/2024 Through: 09/30/2024
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This grant is not effective and expenditures related to this grant should not be incurred until fully executed by both parties.

Federal Awarding Agency USDA - Forest Service		Title of Project/Program Cooperative Weed Management Cost Share Program	
Federal Agreement Date 06/09/2023	Federal Agreement Amount \$45,000.00	Federal Agreement Number 23-DG-11010000-005	NDDOA Grant Code DA07226
Subgrantee Name and Address Bismarck City Weed Board 601 S. 26th Street Bismarck, ND 58506		Grantee Name and Address ND Department of Agriculture 600 E. Boulevard Ave., Dept. 602 Bismarck, ND 58505-0020	
Subgrantee Contact Name John Arlien	Telephone Number (701) 220-0365	Grantee Contact Name Samantha Brunner	Telephone Number (701) 328-4765
Financial Information Amount of Financial Assistance	Subgrantee Amount \$2,161.40	Subgrantee Share Required \$2,161.40	Total Project Cost \$4,322.80

Scope of Service
 Subgrantee agrees to complete the project activities and budget to control noxious and invasive weeds in the City of Bismarck as outlined in the attached proposal. Subgrantee agrees to reimbursement of expenses on a quarterly basis, provided all financial documentation found within the reporting requirements have been received. Reimbursement requests must be made in writing and are due the 15th of the month following each quarter. Subgrantee agrees that any changes in budget or scope need prior written approval.

Reporting Requirements
 A final project report is due upon completion of the project, no later than September 30, 2024. The final project report must include; project title, activities performed, funding expended to date, and the acres surveyed, treated, restored, and monitored.
 Subgrantee will upload data in EDDMapS.

Special Conditions
 Abide by the additional requirements as specified in the Grantor's Notice of Grant Award Requirements.

This Notice of Grant Award is subject to the terms and conditions incorporated either directly or by reference in the following:
 (1.) Requirements for Notice of Grant Awards issued by ND Department of Agriculture as signed by Subgrantee for the period July 1, 2023 to June 30, 2025. [Accounting Use Only Requirements Received] (2.) Applicable Federal and State regulations.

Evidence of Subgrantee's Acceptance

Evidence of Departmental Acceptance

Signature	Date	Signature	Date
Typed Name of Authorized Representative		Typed Name of Authorized Representative Jeannie Jacobs-Kopp	
Title		Title Grants and Contracts Officer	

**North Dakota Department of Agriculture
U.S. Forest Service Weed Control Cost-Share Funding Request**

Section 1. Applicant Details

Project Coordinator:	Jon Arien	Project Agency:	City of Bismarck
Address:	601 south 26th Street		
City:	Bismarck	State:	ND
		Zip Code:	58506
Telephone Number:	701-220-0365	Email Address:	Jarlien@bismarcknd.gov

Section 2. Cost-share Request Details

Project Title:	Ash Coulee		
Project Location: (address, GPS coordinates, or TRS description)	46°51'21.6"N 100°48'34.0"W		
Project Purpose:	The purpose of the grant is to further the control of noxious weeds in the district with the additional funds we will be better able to control problem areas.		
Total Cost of Project:	4322.80	Amount of Funding Requested:	2161.4
Funding Period:	Start date: 5/4/24	End date: 9/20/24	
Approx. Acres to be treated or controlled:	31.84		
Methods of Control (check all that apply):	Herbicide <input checked="" type="checkbox"/>	Biological <input type="checkbox"/>	Cultural <input type="checkbox"/>
		Mechanical <input type="checkbox"/>	Reseeding <input type="checkbox"/>
Other (describe):			
Weeds targeted in proposed project:	Wormwood, Thistle, and leafy Spurge.		

Section 3. Funding Requirements

Before your project is considered, please note the below requirements:

1. Project area must have a minimum 10% forest cover or consist of infested lands adjacent to or associated with weed-threatened forested lands.
 - a. Does your project meet the forested requirement? YES NO
2. Federal cost-share required is 50%.
3. Funding can include a percentage of labor, supplies, and equipment. Equipment purchased must be pre-approved and detailed in the project description.
4. Treatment acres must be reported annually. Treatment is defined as herbicide, biological control, cultural control, mechanical, or reseeding.

Do you agree to the above requirements? YES NO

Section 4. Detailed Project Description

Spray Valley Drive Park with aerial drone, for control of noxious weeds to include Canadian Thistle, Wormwood, Leafy Spurge and other noxious weeds present.

	5/3/24
Applicant Signature	Date



Public Works Service Operations

DATE: April 9, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM:

Permission for the Weeds Division to assist the Bismarck Parks and Recreation Board, as a subrecipient, in the application for two grants for noxious weeds management on Parks property.

REQUEST:

Permission for the Weeds Division to assist the Bismarck Parks and Recreation Board, as a subrecipient, in the application for two grants for noxious weeds management on Parks property.

BACKGROUND INFORMATION:

Bismarck Parks and Recreation would like to apply for two grants which will help them manage noxious weeds throughout the Park District. Because the City of Bismarck has its own Weed Board and Weed Officer, the City needs to submit these applications to the State Department of Agriculture and Bismarck Parks and Recreation would be the subrecipient. One grant from the ND Department of Agriculture will provide funding for the purchase mapping technology which will allow Parks and Recreation to record and manage their pesticide applications across the park district. The second grant will provide funding which will allow Parks and Recreation to hire a contractor to perform herbicide application via drone in difficult to manage areas in the coulees along Valley Drive Park.

RECOMMENDED CITY COMMISSION ACTION:

Grant permission to the Weeds Division to assist Bismarck Parks and Recreation in the application of two grants which will provide technology and resources for the management of noxious weeds on Parks and Recreation property.

STAFF CONTACT INFORMATION:

Douglas Wiles, City Forester, 701-355-1722, dwiles@bismarcknd.gov

ATTACHMENTS:

1. Aerial Drone Spraying Grant
2. Noxious Weed Mapping Technology Grant Application_ (003) (003)

**North Dakota Department of Agriculture
U.S. Forest Service Weed Control Cost-Share Funding Request**

Section 1. Applicant Details

Project Coordinator:	Mike Sullivan/David Mayer	Project Agency:	Bismarck Parks and Recreation		
Address:	627 West Arbor Ave				
City:	Bismarck	State:	ND	Zip Code:	58504
Telephone Number:	701-222-6464	Email Address:	msullivan@bisparks.org		

Section 2. Cost-share Request Details

Project Title:	Bismarck Parks and Recreation				
Project Location: (address, GPS coordinates, or TRS description)	46°51'18.3"N 100°48'32.8"W				
Project Purpose:	The Purpose of the grant application is to further the control of noxious weeds in the district. With the additional funds we will be better able to control problem areas.				
Total Cost of Project:	6825.60	Amount of Funding Requested:	3412.80		
Funding Period:	Start date: 3/19/24		End date: 9/20/24		
Approx. Acres to be treated or controlled:	31.84 Acres				
Methods of Control (check all that apply):	Herbicide <input checked="" type="checkbox"/>	Biological <input type="checkbox"/>	Cultural <input type="checkbox"/>	Mechanical <input type="checkbox"/>	Re seeding <input type="checkbox"/>
Other (describe):					
Weeds targeted in proposed project:	Wormwood, Thistle, and Leafy Spurge.				

Section 3. Funding Requirements

Before your project is considered, please note the below requirements:

1. Project area must have a minimum 10% forest cover or consist of infested lands adjacent to or associated with weed-threatened forested lands.
 - a. **Does your project meet the forested requirement?** YES NO
2. Federal cost-share required is 50%.
3. Funding can include a percentage of labor, supplies, and equipment. Equipment purchased must be pre-approved and detailed in the project description.
4. Treatment acres must be reported annually. Treatment is defined as herbicide, biological control, cultural control, mechanical, or re seeding.

Do you agree to the above requirements? YES NO

Section 4. Detailed Project Description

Spray Valley Drive Park with Aerial Done, for control of noxious weeds to include Canadian Thistle, Leafy Spurge, and other noxious weeds present.

	3/22/24
Applicant Signature	Date

Noxious Weed Mapping Technology Grant Application

Applicant Weed Board:

Primary Contact: City of Bismarck (Bismarck Parks and Recreation District)

Address:

Phone Number:

Email:

Amount Requested (75% but no more than \$7,600):

Match Amount (at least 25%):

Total Equipment cost (100%):

Project Purpose

Why is this grant important to your program?

Purchasing this new software and hardware it would enable our staff to better manage record and track herbicide/pesticide applications. The GPS tracking would ensure better application coverage and assist in not over applying due to inadvertent overlap.

If your county currently is using similar technology, what is being used?

We are not currently using this technology; this would be an improvement for our system of recordkeeping. The software will allow applications to be tracked electronically and improve efficiency.

How will this benefit your county?

This will increase efficiency in retrieving documentation for applications in areas where requests are made.

In what ways will the data/information be utilized?

The data will be used to track areas that have been treated. Dates, time, chemical types, weather, etc. will be more accurately tracked and documented.

Does your county have the funds to pay the continuing costs of the chosen equipment, such as subscriptions (Note: TAG funds can be used for this purpose)? Yes, this will be accounted for in our annual budget.

Noxious Weed Mapping Technology Grant Application

Project Goals

How many mapping units is your county requesting?

We would be requesting 1 initially.

Where will these units be installed? (Vehicle, ATV/UTV, Backpack)

The unit would be installed on a UTV

What company are you planning on purchasing from?

We were planning on purchasing from Spray Sync.

By what date do you plan on having these installed?

We plan to have it installed by June or earlier, depending on when the equipment is available and shipped.

What date did the company quote for delivery of the equipment?

Current lead time to have the equipment shipped is 1-2 weeks. If the equipment is to be installed by Spray Sync, the tentative timeframe is late April to beginning of May for installation.

DM Applicant understands there will be a cost share of 25% to the county and 75% to the state.

DM Applicant has attached a quote if purchasing equipment from a company other than what is included on the state contract with Spray Sync

DM Applicant agrees to work with the Dept. of Agriculture GIS specialist to analyze data.



Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Noxious Weed Control Targeted Assistance Grant (TAG) Award

REQUEST:

Permission to accept the Targeted Assistance Grant (TAG) Award from the North Dakota Department of Agriculture.

BACKGROUND INFORMATION:

The Board of City Commissioners approved our request to apply for a grant from the North Dakota Department of Agriculture at the February 27, 2024, meeting. TAG is a cost-share program that will be used to assist with local noxious weed control. Funds may be used for the purchase of chemicals, materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. This grant is a 75:25 match with a maximum grant amount of \$2,500 and a match of \$833.33.

RECOMMENDED CITY COMMISSION ACTION:

Approve the request to accept the Targeted Assistance Grant Award from the North Dakota Department of Agriculture to aid in the management of noxious weed control in the City of Bismarck.

STAFF CONTACT INFORMATION:

Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Christy Ames-Davis, Forestry Programs Coordinator, 701-355-1723, comes@bismarcknd.gov

ATTACHMENTS:

1. Weed TAG Notice of Grant Award-State Source
2. Weed Control Grant with ND Dept of Agriculture - TAG Weed Control



NOTICE OF GRANT AWARD-STATE SOURCE
NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 SFN 60385 (6-2023)

North Dakota Department of Agriculture
 600 E Boulevard Ave, Dept 602
 Bismarck ND 58505-0020

Grant Number 23-254	CFDA Number N/A	Grant Period From: 07/01/2023 Through: 12/31/2024
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This grant is not effective and expenditures related to this grant should not be incurred until fully executed by both parties.

Title of Project/Program Targeted Assistance Grant (TAG)		NDDOA Fund Number 9100.376	NDDOA Grant Code DA00927	
Grantee Name Bismarck City Weed Board		Grantor Name North Dakota Department of Agriculture		
Address 601 S 26th Street		Address 600 E. Boulevard Ave., Dept. 602		
City Bismarck	State ND	ZIP Code 58504	City Bismarck	State ND
			ZIP Code 58505-0020	
Grantee Contact Name John Arlien		Telephone Number (701) 220-0365	Grantor Contact Name Richard Weisz	
			Telephone Number (701) 328-2250	
Financial Information		Grant Amount \$2,500.00	Grantee Share Required \$833.33	Total Project Cost \$3,333.33

Scope of Service
 TAG is a cost-share program that shall be used to assist with local noxious weed control. Grantee agrees funds must be used for weed control or the purchase of materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. Grantee agrees to reimbursement of expenses either on a quarterly, semiannual, or annual basis, provided all financial documentation found within the reporting requirements has been received. Reimbursement requests must be made in writing using SFN 58676 TAG Voucher for Payment. Reimbursement of expenses is 75% of actual expenditures, up to the total grant amount.

Reporting Requirements
 Reimbursement requests must include all financial documentation. Quarterly reimbursement requests are due the 15th of the month following each quarter; ex. October 15, 2023 (for the period of July 1 - September 30, 2023). Semiannual reimbursement requests are due the month following every six month period; ex January 15, 2024 (for the period July 1 - December 31, 2023). Annual reimbursement requests are due during the same state fiscal year they were expended; ex FY24 (July 1, 2023 - June 30, 2024) due July 11, 2024. FY25 (July 1, 2024 - December 31, 2024) due January 15, 2025.

Special Conditions
 Abide by the additional requirements as specified in the Grantor's Notice of Grant Award Requirements.

This Notice of Grant Award is subject to the terms and conditions incorporated either directly or by reference in the following:

- (1.) Requirements for Notice of Grant Awards issued by ND Department of Agriculture as signed by Grantee for the period July 1, 2023 to June 30, 2025. [Accounting Use Only Requirements Received]
- (2.) Applicable Federal and State regulations.

Evidence of Grantee's Acceptance

Evidence of Departmental Acceptance

Signature 	Date 3-4-24	Signature Jeannie Jacobs-Kopp	Digitally Signed by Jeannie Jacobs-Kopp Date: 2024.03.07 11:32:40 -06'00'
Typed Name of Authorized Representative John Arlien		Typed Name of Authorized Representative Jeannie Jacobs-Kopp	
Title City Weed Officer		Title Grants and Contracts Officer	

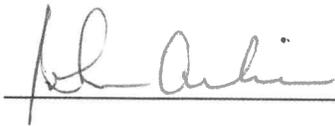
**GRANTEE CERTIFICATIONS FOR REQUIREMENTS
FOR NOTICE OF GRANT AWARDS
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2025**

I hereby certify that our organization/agency has agreed upon the conditions of the Requirements for Notice of Grant Awards applicable to funding received through all grants issued by the ND Department of Agriculture and will ensure all program managers are aware of and will comply with the requirements.

I certify that the person(s) responsible for authorizing, expending, or accounting for grant funds will be provided access to the grant requirements as specified in Section 27 State Audit Requirements of the Requirements for Notice of Grant Awards.

If my organization/agency has grant(s) in place that extends past June 30, 2025, I agree that this Certification Requirements will become a part of the grant(s).

Signature: _____



Name of Authorized Representative: _____

John Arlien

Date: _____

3-4-24

Bismarck

GRANT REVIEW FORM

- Application
 Fast Track
 Award
 Subrecipient Agreement
- Application**

Granting Agency: North Dakota Department of Agriculture

Description and Purpose of Grant:

TAG is a cost-share program to assist with local noxious weed control. Funds for weed control or purchase materials, machinery, equip, computer hardware/software, training to assist in weed control.

Grant Amount: \$2,500.00 Grant Match: In-Kind

Grant Period: 1/15/2025 submittal deadline FTE: N/A

Funding Source: ND Forest Service Project Code: TBD

Requirements & Ongoing Cost of Phase-Out: N/A

Comments: Commission Approval to apply for grant at 2.27.2024 meeting.
Grant Period: 7.1.2023-12.31.2024, Grant Amt \$2500, Grantee Share Required \$833.33. Total Project cost \$3,333.33

Please check all that apply:

- IT / GIS-Related
 Commission Approval
 Online Application / Award Submission (No Mayor Signature)

Doug Wiles, City Forester

^{DS}
DW

3/4/2024

APPROVALS:

Department Director ^{DS} SS Date: 3/4/2024

Grants Coordinator ^{DS} KD Date: 3/4/2024

- Subrecipient Risk Assessment Attached

Comments: Project code will be determined with Manager when docuSign complete

IT / GIS (if needed) Date:

City Attorney Date:

Finance Director ^{DS} DC Date: 3/4/2024

Comments: OK

Administrator ^{DS} KA Date: 3/6/2024

Comments: okay

Mayor's Approval for Online Submission: Date:



City Administration

TO: Steve Salwei, P.E., Public Works Service Operations Director

DATE: March 1, 2024

FROM: Jason Tomanek, City Administrator

SUBJECT: Targeted Assistance Grant Application

The Board of City Commissioners met on Tuesday, February 27, 2024, and considered the request for permission to apply for the Targeted Assistance Grant (TAG) from the North Dakota Department of Agriculture to aid in noxious weed control in the City of Bismarck.

The Weeds Division has applied for this grant from the North Dakota Department of Agriculture many times over the years. TAG is a cost-share program that shall be used to assist with local noxious weed control. Funds may be used for the purchase of chemicals, materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. This grant is a 75:25 match with a maximum grant amount of \$2,500 and a match of \$833.33.

The Commission considered the request and approved it as presented.



Public Works Service Operations

DATE: February 27, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Permission for the Forestry Division to apply for a grant from the North Dakota Department of Agriculture to aid in noxious weed control in the City of Bismarck.

REQUEST:

Request for permission to apply for the Targeted Assistance Grant (TAG) from the North Dakota Department of Agriculture.

BACKGROUND INFORMATION:

The Weeds Division has applied for this grant from the North Dakota Department of Agriculture many times over the years. TAG is a cost-share program that shall be used to assist with local noxious weed control. Funds may be used for the purchase of chemical, materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. This grant is a 75:25 match with maximum grant amount of \$2,500 and a match of \$833.33.

RECOMMENDED CITY COMMISSION ACTION:

Approve the request to apply for the Targeted Assistance Grant from the North Dakota Department of Agriculture to aid in the management of noxious weed control in the City of Bismarck.

STAFF CONTACT INFORMATION:

Douglas Wiles, City Forester, 701-355-1722, dwiles@bismarcknd.gov

Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov

ATTACHMENTS:

1. 2024 TAG



NOTICE OF GRANT AWARD-STATE SOURCE
 NORTH DAKOTA DEPARTMENT OF AGRICULTURE
 SFN 60385 (6-2023)

North Dakota Department of Agriculture
 600 E Boulevard Ave, Dept 602
 Bismarck ND 58505-0020

Grant Number 23-254	CFDA Number N/A	Grant Period From: 07/01/2023 Through: 12/31/2024
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This grant is not effective and expenditures related to this grant should not be incurred until fully executed by both parties.

Title of Project/Program Targeted Assistance Grant (TAG)		NDDOA Fund Number 9100.376	NDDOA Grant Code DA00927	
Grantee Name Bismarck City Weed Board		Grantor Name North Dakota Department of Agriculture		
Address 601 S 26th Street		Address 600 E. Boulevard Ave., Dept. 602		
City Bismarck	State ND	ZIP Code 58504	City Bismarck	State ND
				ZIP Code 58505-0020
Grantee Contact Name John Arlien	Telephone Number (701) 220-0365	Grantor Contact Name Richard Weisz	Telephone Number (701) 328-2250	
Financial Information	Grant Amount \$2,500.00	Grantee Share Required \$833.33	Total Project Cost \$3,333.33	

Scope of Service
 TAG is a cost-share program that shall be used to assist with local noxious weed control. Grantee agrees funds must be used for weed control or the purchase of materials, machinery, equipment, computer hardware or software, or training that will assist in the weed control or education and outreach efforts. Grantee agrees to reimbursement of expenses either on a quarterly, semiannual, or annual basis, provided all financial documentation found within the reporting requirements has been received. Reimbursement requests must be made in writing using SFN 58676 TAG Voucher for Payment. Reimbursement of expenses is 75% of actual expenditures, up to the total grant amount.

Reporting Requirements
 Reimbursement requests must include all financial documentation. Quarterly reimbursement requests are due the 15th of the month following each quarter; ex. October 15, 2023 (for the period of July 1 - September 30, 2023). Semiannual reimbursement requests are due the month following every six month period; ex January 15, 2024 (for the period July 1 - December 31, 2023). Annual reimbursement requests are due during the same state fiscal year they were expended; ex FY24 (July 1, 2023 - June 30, 2024) due July 11, 2024. FY25 (July 1, 2024 - December 31, 2024) due January 15, 2025.

Special Conditions
 Abide by the additional requirements as specified in the Grantor's Notice of Grant Award Requirements.

This Notice of Grant Award is subject to the terms and conditions incorporated either directly or by reference in the following:
 (1.) Requirements for Notice of Grant Awards issued by ND Department of Agriculture as signed by Grantee for the period July 1, 2023 to June 30, 2025. [Accounting Use Only Requirements Received] (2.) Applicable Federal and State regulations.

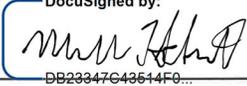
Evidence of Grantee's Acceptance		Evidence of Departmental Acceptance	
Signature 	Date 3/6/2024	Signature	Date
Typed Name of Authorized Representative Michael T Schmitz		Typed Name of Authorized Representative Jeannie Jacobs-Kopp	
Title President, Board of City Commissioners		Title Grants and Contracts Officer	

**GRANTEE CERTIFICATIONS FOR REQUIREMENTS
FOR NOTICE OF GRANT AWARDS
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2025**

I hereby certify that our organization/agency has agreed upon the conditions of the Requirements for Notice of Grant Awards applicable to funding received through all grants issued by the ND Department of Agriculture and will ensure all program managers are aware of and will comply with the requirements.

I certify that the person(s) responsible for authorizing, expending, or accounting for grant funds will be provided access to the grant requirements as specified in Section 27 State Audit Requirements of the Requirements for Notice of Grant Awards.

If my organization/agency has grant(s) in place that extends past June 30, 2025, I agree that this Certification Requirements will become a part of the grant(s).

Signature:  _____
DB23347C43514F0...

Name of Authorized Representative: Michael T Schmitz, President, Board of City Commissioners

Date: 3/6/2024

Ideas for Using TAG Funds

- Noxious weed mapping equipment
- Spray equipment - new or repairs/parts
- Personal protective equipment
- Pesticide spill kits
- Biological control and related equipment
- Safety, calibration, or other pre-approved training for noxious weed staff (no food purchases)
- Computer hardware or software for county weed board duties
- Educational/Outreach material or newsletters
- Lab testing fees (ex. Palmer amaranth, herbicide resistance)

If unsure if something qualifies for targeted access grant assistance, please consult North Dakota Department of Agriculture in advance of the purchase.



**REQUIREMENTS FOR NOTICE OF GRANT AWARDS
BETWEEN STATE OF NORTH DAKOTA ACTING THROUGH ITS
NORTH DAKOTA DEPARTMENT OF AGRICULTURE (Department) AND
GRANTEE
FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2025**

1. EVALUATION

The Department of Agriculture (Department) shall, throughout the effective dates on the Notice of Grant Award, conduct an ongoing evaluation of the Grantee performance in carrying out the Scope of Service as stated in the Notice of Grant Award (Grant Award). Compliance with Requirements for Grant Award will also be monitored. Such evaluation may include, but not be limited to, periodic site visits by the Department representatives to review progress made by the Grantee in accomplishing stated goals/objectives.

2. GRANTEE'S UNDERSTANDING OF TERM OF FUNDING

Grantee understands that this grant is a one-time grant, and acknowledges that it has received no assurances that this grant may be extended beyond its expiration date.

3. RENEWAL

This Grant Award will not automatically renew.

4. PREPAYMENT

Department will not make any advance payments before performance or delivery by Grantee under this Grant Award. Department shall make payment under this Grant Award within forty-five (45) calendar days after receipt of invoice.

5. PAYMENT OF TAXES BY DEPARTMENT

Department is not responsible for and will not pay local, state, or federal taxes. State sales tax exemption number is E-2001, Department will furnish certificates of exemption upon request by the Grantee.

6. MERGER AND MODIFICATION, CONFLICT IN DOCUMENTS

This Grant Award constitutes the entire agreement between the parties. There are no understandings, agreements, or representations, oral or written, not specified within the Grant Award. The Grant Award may not be modified, supplemented or amended, in any manner, except by written agreement signed by both parties.

7. INDEPENDENT GRANTEE

It is agreed by the parties hereto that the Grantee in performing the duties under the Grant Award is functioning as an independent Contractor and the grantor/grantee arrangements between the parties hereto in no way shall be construed as giving rise to an employer/employee relationship or any other relationship that is beyond a grantor/grantee relationship.

Grantee is an independent entity under this Grant Award and is not a Department employee for any purpose, including the application of the Social Security Act, the Fair Labor Standards Act, the Federal Insurance Contribution Act, the North Dakota Unemployment Compensation Law, and the North Dakota Workforce Safety and Insurance Act. Grantee retains sole and absolute discretion in the manner and means of carrying out Grantee's activities and responsibilities

under this Grant Award, except to the extent specified in this Grant Award.

8. ASSIGNMENT AND SUBCONTRACTS

Grantee may not assign or otherwise transfer or delegate any right or duty without Department's express written consent, provided, however, that Grantee may assign its rights and obligations hereunder in the event of a change of control or sale of all or substantially all of its assets related to this Grant Award, whether by merger, reorganization, operation of law, or otherwise. Should Assignee be a business or entity with whom Department is prohibited from conducting business, Department shall have the right to terminate in accordance with the Termination for Cause section of this Grant Award.

Grantee may enter subcontracts provided that any subcontract acknowledges the binding nature of this Grant Award and incorporates this Grant Award, including any attachments. Grantee is solely responsible for the performance of any subcontractor with whom Grantee contracts. Grantee does not have authority to contract for or incur obligations on behalf of the Department.

10. TERMINATION OF GRANT AWARD

a. Termination by Mutual Agreement. This Grant Award may be terminated by mutual consent of both parties executed in writing.

b. Early Termination in the Public Interest. Department is entering into this Grant Award for the purpose of carrying out the public policy of the State of North Dakota, as determined by its Governor, Legislative Assembly, Agencies, and Courts. If this Grant Award ceases to further the public policy of the State of North Dakota, Department, in its sole discretion, by written notice to Grantee, may terminate this Grant Award in whole or in part.

c. Termination for Lack of Funding or Authority. Department, by written notice to Grantee, may terminate the whole or any part of this Grant Award under any of the following conditions:

- (1) If funding from federal, state, or other sources is not obtained and continued at levels sufficient to allow for purchase of the services or goods in the indicated quantities or term.
- (2) If federal or state laws or rules are modified or interpreted in a way that the services are no longer allowable or appropriate for purchase under this Grant Award or are no longer eligible for the funding proposed for payments authorized by this Grant Award.
- (3) If any license, permit, or certificate required by law or rule, or by the terms of this Grant Award, is for any reason denied, revoked, suspended, or not renewed.

Termination of this Grant Award under this subsection is without prejudice to any obligations or liabilities of either party already accrued prior to termination.

d. Termination for Cause. Department may terminate this Grant Award effective upon delivery of written notice to Grantee, or any later date stated in the notice:

- (1) If Grantee fails to provide services or goods required by this Grant Award within the time specified or any extension agreed to by Department; or
- (2) If Grantee fails to perform any of the other provisions of this Grant Award, or so fails to pursue the work as to endanger performance of this Grant Award in accordance

with its terms.

The rights and remedies of Department provided in this subsection are not exclusive and are in addition to any other rights and remedies provided by law or under this Grant Award.

11. SPECIAL CONDITIONS

Grantee shall meet all applicable special conditions as specified in the Grant Award. Grantee understands that failure to meet the applicable special conditions of this Grant Award may result in the Department revocation of the Grant Award and Grantee repayment to Department of previously dispensed Grant funds.

12. FORCE MAJEURE

Neither Party shall be held responsible for delay or default caused by fire, riot, terrorism, pandemic (excluding COVID-19), acts of God, or war if the event was not foreseeable through the exercise of reasonable diligence by the affected Party, the event is beyond the Party's reasonable control, and the affected Party gives notice to the other Party promptly upon occurrence of the event causing the delay or default or that is reasonably expected to cause a delay or default. If Grantee is the affected Party and does not resume performance within fifteen (15) days or another period agreed between the Parties, then Department may seek all available remedies, up to and including termination of this Grant Award pursuant to its Termination Section, and Department shall be entitled to a pro-rata refund of any amounts paid for which the full value has not been realized, including amounts paid toward software subscriptions, maintenance, or licenses.

13. WORK PRODUCT, EQUIPMENT, AND MATERIALS

All work product, equipment or materials created or purchased under this Grant Award belong to Grantee.

14. NOTICE

All notices or other communications required under this Grant Award must be given by registered, certified, or electronic mail and are complete on the date mailed when addressed to the parties contained on the Grant Award.

Notice provided under this provision does not meet the notice requirements for monetary claims against the Department found at N.D.C.C. § 32-12.2-04.

15. CONFIDENTIALITY

Grantee shall not use or disclose any information it receives from Department under this Grant Award that Department has previously identified as confidential or exempt from mandatory public disclosure except as necessary to carry out the purposes of this Grant Award or as authorized in advance by Department. Department shall not disclose any information it receives from Grantee that Grantee has previously identified as confidential and that Department determines in its sole discretion is protected from mandatory public disclosure under a specific exception to the North Dakota public records law, N.D.C.C. CH. 44-04. The duty of Department and Grantee to maintain confidentiality of information under this section continues beyond the term of this Grant Award.

16. COMPLIANCE WITH PUBLIC RECORDS LAW

Under the North Dakota public records law and subject to the Confidentiality clause (section 15) of this Grant Award, certain records may be open to the public upon request.

Public records may include: (a) records Department receives from Grantee under this Grant Award, (b) records obtained by either Party under this Grant Award, and (c) records generated by either Party under this Grant Award.

Grantee agrees to contact Department promptly upon receiving a request for information under the public records law and to comply with Department's instructions on how to respond to the request.

17. SPOILIATION – PRESERVATION OF EVIDENCE

Grantee shall promptly notify Department of all potential claims that arise or result from this Grant Award. Grantee shall also take all reasonable steps to preserve all physical evidence and information that may be relevant to the circumstances surrounding a potential claim, while maintaining public safety, and grants to Department the opportunity to review and inspect the evidence, including the scene of an accident.

18. SEVERABILITY

If any term of this Grant Award is declared to be illegal or unenforceable by a court having competent jurisdiction, the validity of the remaining terms is unaffected and, if possible, the rights and obligations of the Parties are to be construed and enforced as if this Grant Award did not contain that term .

19. APPLICABLE LAW AND VENUE

This Grant Award is governed by and construed in accordance with the laws of the State of North Dakota. Any action to enforce this Grant Award must be adjudicated exclusively in the State District Court of Burleigh County, North Dakota. Each party consents to the exclusive jurisdiction of such court and waives any claim of lack of jurisdiction or forum non conveniens.

20. ALTERNATIVE DISPUTE RESOLUTION – JURY TRIAL

Department does not agree to any form of binding arbitration, mediation, or any other form of mandatory Alternative Dispute Resolution. The parties have the right to enforce their rights and remedies in judicial proceedings. Department does not waive any right to a jury trial.

21. ATTORNEY FEES

In the event a lawsuit is instituted by Department to obtain performance due under this Grant Award, and Department is the prevailing party, Grantee shall, except when prohibited by N.D.C.C. § 28-26-04, pay Department's reasonable attorney fees and costs in connection with the lawsuit.

22. NONDISCRIMINATION AND COMPLIANCE WITH LAWS

Grantee agrees to comply with all applicable federal and state laws, rules, and policies, including those relating to nondiscrimination, accessibility, and civil rights. (See N.D.C.C. Title 34 – Labor and Employment, specifically N.D.C.C. ch. 34-06.1 Equal Pay for Men and Women.)

Grantee agrees to timely file all required reports, make required payroll deductions, and timely pays all taxes and premiums owed, including sales and use taxes, unemployment compensation and workers' compensation premiums.

Grantee shall have and keep current all licenses and permits required by law during the term of this Grant Award all licenses and permits required by law.

Grantee's failure to comply with this section may be deemed, in the discretion of Department, a material breach by Grantee entitling Department to terminate in accordance with the Termination for Cause section of this Grant Award.

23. APPLICABLE COSTS

Unless otherwise authorized by federal law, the charges to be made by Grantee do not include costs financed by federal monies other than those generated by this grant.

24. CASH MANAGEMENT/ALLOWABLE COSTS/APPLICABLE REGULATIONS

Grantee shall maintain accounting and project records that are sufficient to prepare required reports, track funds to level of expenditure, provide internal control by progress, provide budget control, and assure allowable costs.

25. DEBARMENT/SUSPENSION

Grantee is advised that the signature on the Grant Award form certifies that the Grantee or any person associated therewith is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal or state agency. Grantee agrees to comply with 2 CFR Part 200.213 – Suspension and Debarment and 2 CFR Part 417 – Nonprocurement Debarment and Suspension; has not been suspended, debarred, voluntarily excluded, or determined ineligible by any federal or state agency within the past three years; and has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction on any matter involving fraud or official misconduct within the past three years. These regulations restrict awards, subawards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

26. RETENTION OF RECORDS

Grantee hereby agrees to comply to maintain financial records, supporting documents, statistical records, and other pertinent records for a period of at least three (3) years after submission and acceptance of final report officially closing out the Grant Award. In cases where litigation, a claim, or an audit is initiated prior to expiration of the three (3) year period, records must be retained until completion of the action and resolution of issues or the end of the three year period, whichever is later. Retention is required for purposes of State examination or audit and is subject to examination

27. STATE AUDIT REQUIREMENTS

Pursuant to NDCC CH 54-10-19, all records, regardless of physical form, and the accounting practices and procedures of Grantee relevant to this Grant Award are subject to examination by the Department, North Dakota State Auditor, or the Auditor's designee, or Federal auditors, if required. Grantee shall maintain all these records for at least three (3) years following completion of this Grant Award and be able to provide them at any reasonable time. Department, North Dakota State Auditor, or the Auditor's designee shall provide reasonable notice to Grantee prior to conducting examination.

28. EFFECTIVENESS OF GRANT AWARD

This Grant Award is not effective until fully executed by both parties.

Certificate Of Completion

Envelope Id: F8862D0999E042CBB507F250D422BD9D	Status: Completed
Subject: Weed Control Grant with ND Dept of Agriculture - TAG Weed Control	
Source Envelope:	
Document Pages: 11	Signatures: 2
Certificate Pages: 2	Initials: 5
AutoNav: Enabled	Envelope Originator:
Enveloped Stamping: Enabled	Gale Nicholson
Time Zone: (UTC-06:00) Central Time (US & Canada)	221 N 5th Street
	Bismarck, ND 58501
	gnicholson@bismarcknd.gov
	IP Address: 165.234.252.11

Record Tracking

Status: Original	Holder: Gale Nicholson	Location: DocuSign
2/13/2024 11:28:22 AM	gnicholson@bismarcknd.gov	

Signer Events

Douglas Wiles
 dwiles@bismarcknd.gov
 Acting Director of Service Operations
 Security Level: Email, Account Authentication (None)

Signature



Signature Adoption: Pre-selected Style
 Using IP Address: 165.234.252.11

Timestamp

Sent: 3/3/2024 4:35:32 PM
 Viewed: 3/4/2024 11:01:31 AM
 Signed: 3/4/2024 11:01:39 AM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Steven Salwei
 ssalwei@bismarcknd.gov
 Steven Salwei
 Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
 Using IP Address: 165.234.252.11

Sent: 3/4/2024 11:01:41 AM
 Viewed: 3/4/2024 11:24:23 AM
 Signed: 3/4/2024 12:32:46 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Kim Ohnell
 kimohnell@bismarcknd.gov
 Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
 Using IP Address: 165.234.252.11

Sent: 3/4/2024 12:32:48 PM
 Viewed: 3/4/2024 12:35:53 PM
 Signed: 3/4/2024 12:43:27 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Dmitry Chernyak
 dchernyak@bismarcknd.gov
 Finance Director
 City of Bismarck
 Security Level: Email, Account Authentication (None)



Signature Adoption: Pre-selected Style
 Using IP Address: 172.59.229.33
 Signed using mobile

Sent: 3/4/2024 12:43:41 PM
 Viewed: 3/4/2024 2:51:25 PM
 Signed: 3/4/2024 2:51:33 PM

Electronic Record and Signature Disclosure:
 Not Offered via DocuSign

Signer Events	Signature	Timestamp
Keith Hunke khunke@bismarcknd.gov City Administrator Administrator Security Level: Email, Account Authentication (None)	 Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11	Sent: 3/4/2024 2:51:46 PM Viewed: 3/6/2024 12:04:00 PM Signed: 3/6/2024 12:04:18 PM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Michael Schmitz mschmitz@bismarcknd.gov President Board of Commissioners/Mayor City of Bismarck Security Level: Email, Account Authentication (None)	 Signature Adoption: Drawn on Device Using IP Address: 174.229.184.22 Signed using mobile	Sent: 3/6/2024 12:04:33 PM Viewed: 3/6/2024 12:13:47 PM Signed: 3/6/2024 12:13:57 PM
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

In Person Signer Events	Signature	Timestamp
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Editor Delivery Events	Status	Timestamp
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Agent Delivery Events	Status	Timestamp
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Intermediary Delivery Events	Status	Timestamp
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Certified Delivery Events	Status	Timestamp
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Carbon Copy Events	Status	Timestamp
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Fiscal Services fiscalservices@bismarcknd.gov Security Level: Email, Account Authentication (None)		Sent: 3/6/2024 12:14:00 PM Viewed: 3/6/2024 2:17:31 PM
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Christy Ames-Davis comes@bismarcknd.gov Security Level: Email, Account Authentication (None)		Sent: 3/6/2024 12:14:01 PM
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Witness Events	Signature	Timestamp
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Notary Events	Signature	Timestamp
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Envelope Summary Events	Status	Timestamps
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Envelope Sent	Hashed/Encrypted	3/3/2024 4:35:32 PM
Certified Delivered	Security Checked	3/6/2024 12:13:47 PM
Signing Complete	Security Checked	3/6/2024 12:13:57 PM
Completed	Security Checked	3/6/2024 12:14:01 PM

Payment Events	Status	Timestamps
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Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Sale of Bismarck Parking Authority Pickup

REQUEST:

Permission for Fleet Services to sell Bismarck Parking Authority's 2012 Chevrolet Silverado 4x4 Pickup at public online auction.

BACKGROUND INFORMATION:

Bismarck Parking Authority has requested Fleet Services sell the following vehicle at a public online auction.

Yr/Make/Model: 2012 Chevrolet Silverado 4x4 Pickup
VIN: 1GCRKPEASCZ250989
Mileage: 89,807

RECOMMENDED CITY COMMISSION ACTION:

Approve Fleet Services to sell Bismarck Parking Authority's 2012 Chevrolet Silverado 4x4 Pickup at public online auction.

STAFF CONTACT INFORMATION:

Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Kurt Ohnell, Fleet Manager, 701-355-1711, kohnell@bismarcknd.gov

ATTACHMENTS:

None



Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Sale of Truck Boxes at Public Auction

REQUEST:

Permission for the Fleet Services Division to sell truck boxes at public auction.

BACKGROUND INFORMATION:

Fleet Services requests permission to sell the following at a public auction.

- (1) New, take-off Pickup Box 6.5' 2023 Ford ½ Ton, removed from Unit 1628 Roads and Streets
- (1) Used, take-off Pickup Box 8' 2016 Ford ¾ Ton, removed from Unit 1741 Roads and Streets
- (1) New, take-off Pickup Box 8' 2023 Ford 1 Ton SRW, removed from Unit 3239 SW Disposal

RECOMMENDED CITY COMMISSION ACTION:

Approval for the Fleet Services Division to sell truck boxes at public auction.

STAFF CONTACT INFORMATION:

Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Kurt Ohnell, Fleet Manager, 701-355-1711, kohnell@bismarcknd.gov

ATTACHMENTS:

None



Public Works Service Operations

DATE: May 28, 2024

FROM: Steven Salwei, Director Public Works Services

ITEM: Sale/Disposal of Solid Waste Division Items at Public Online Auction

REQUEST:

Permission to sell/dispose of items from the Solid Waste Division at Public Online Auction.

BACKGROUND INFORMATION:

Request permission to sell-off/dispose of the items listed below at public online auction. These items are from the Solid Waste Disposal Division.

Qty/Property Description

1 ea 710 International 8 Bottom Plow & 12 Foot Leveler, Serial #: 1050000V005375
5 ea (Used) 32 ply General 33.25-29 Tires
1 ea (Used) 26 ply Firestone 33.25-29 Tire
1 ea (Used) 38 ply Titan 33.25-29 Tire
1 ea (Used) 32 ply Firestone 33.25-29 Tire
1 ea (Used) 16 ply 23.5-25 L-5 Firestone Tire
1 ea (Used) 20 ply 26.5-25 L-5 Firestone Tire and Rim
1 ea (Used) 33.25-29SL-100 Titan Tire

RECOMMENDED CITY COMMISSION ACTION:

Approve sale/disposal of items from Solid Waste Division at Public Online Auction.

STAFF CONTACT INFORMATION:

Steven Salwei, Director Public Works Services, 701-355-1705, ssalwei@bismarcknd.gov
Kurt Ohnell, Fleet Manager, 701-355-1711, kohnell@bismarcknd.gov

ATTACHMENTS:

None



Public Works Utility Operations

DATE: May 28, 2024

FROM: Michelle Klose, Director Public Works Utilities

ITEM: Change Order No. 1 to BEK Consulting Inc for Hay Creek Interceptor Project

REQUEST:

Change Order No. 1 to BEK Consulting Inc contract for the Hay Creek Interceptor Project (SU90), Century Ave to Calgary Ave.

BACKGROUND INFORMATION:

Change order No. 1 to BEK Consulting Inc's contract for the Hay Creek Interceptor Project, Century Ave to Calgary Ave, covers a time extension from June 30 to July 14, 2024, to accommodate for weather delays, as well as an increase in the amount of \$15,425 to address terrain restoration after construction.

RECOMMENDED CITY COMMISSION ACTION:

Approve Change Order No. 1 to BEK Consulting Contract for the Hay Creek Interceptor Project (SU90), Century Ave to Calgary Ave.

STAFF CONTACT INFORMATION:

Amber Araujo, Executive Assistant, 701-355-1739, aaraujo@bismarcknd.gov

ATTACHMENTS:

1. Change Order No. 1 - BEK Consulting

CHANGE ORDER NO.: 1

Owner:	City of Bismarck	Owner's Project No.:	SU 90
Engineer:	Apex Engineering Group, Inc.	Engineer's Project No.:	21.118.0019
Contractor:	BEK Consulting, Inc.	Contractor's Project No.:	
Project:	Hay Creek Interceptor – Century Avenue to Calgary Avenue		
Contract Name:	General		
Date Issued:	5/8/2024	Effective Date of Change Order:	5/6/2024

The Contract is modified as follows upon execution of this Change Order:

Description:

Install approximately 12,900 sf of sod around Hole #5, 1,300 sf of sod around the tee box nearest Hole #6, 7,100 sf of sod around Hole #6, and 1,600 sf of straw blanket on the steep bank of Hay Creek by Hole #5. See attached figure. The original bid contained a \$20,000 allowance. \$8,000 was spent to add geotextile fabric to the golf cart path, leaving \$12,000. The amount of this change order is the difference between the proposal and the remainder of the allowance.

Attachments:

1. Figure of sod areas.
2. Proposal for sod and straw blanket.

Change in Contract Price	Change in Contract Times
Original Contract Price: \$ <u>3,345,057.79</u>	Original Contract Times: Substantial Completion: <u>Dec. 30, 2023</u> Ready for final payment: <u>June 20, 2024</u>
[Increase] [Decrease] from previously approved Change Orders No. 1 to No. [Number of previous Change Order] : \$ <u>NA</u>	[Increase] [Decrease] from previously approved Change Orders No.1 to No. [Number of previous Change Order] : Substantial Completion: <u>NA</u> Ready for final payment: <u>NA</u>
Contract Price prior to this Change Order: \$ <u>3,345,057.79</u>	Contract Times prior to this Change Order: Substantial Completion: <u>Dec. 30, 2023</u> Ready for final payment: <u>June 30, 2024</u>
[Increase] this Change Order: \$ <u>15,425.00</u>	[Increase] [Decrease] this Change Order: Substantial Completion: <u>NA</u> Ready for final payment: <u>14 days</u>
Contract Price incorporating this Change Order: \$ <u>3,360,482.79</u>	Contract Times with all approved Change Orders: Substantial Completion: <u>NA</u> Ready for final payment: <u>July 14, 2024</u>

Recommended by Engineer

By: *Suman Dazlett*
 Title: Engineer
 Date: 5/8/24

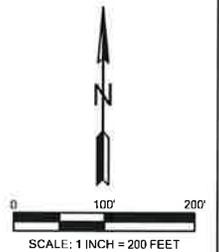
Accepted by Contractor

Jack Saly
 Project Coordinator
 5/8/2024

Authorized by Owner

By: _____
 Title: _____

Date: _____



PEBBLE CREEK GOLF COURSE
BISMARCK, ND

LANDSCAPING AREAS

DATE: 04/23/2024



Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Public hearing for a new Class C-2: Hotel or Motel Alcohol License

REQUEST:

Public hearing on a request for a new Class C-2: Hotel or Motel Alcohol license for Merlin Hotel Group, LLC. dba Days Inn Bismarck, ND at 1300 E Capitol Ave.

BACKGROUND INFORMATION:

Merlin Hotel Group, LLC. dba Days Inn Bismarck, ND is requesting the issuance of a new Class C-2: Hotel or Motel Alcohol license at 1300 E Capitol Ave.

Class C-2. To a hotel or motel that provides at least forty-five rooms for transient guests, to provide on-sale or complementary alcoholic beverages to registered customers and their guests in their rooms or in a common room designated for that purpose. The value of the alcoholic beverages sold shall not exceed the value of the alcoholic beverages given to or otherwise provided to registered customers and their guests. Any alcoholic beverage sold or provided under this license shall not be mixed or dispensed in the direct view of a minor.

RECOMMENDED CITY COMMISSION ACTION:

Hold a public hearing on the request for a new Class C-2: Hotel or Motel Alcohol license, from Merlin Hotel Group, LLC. dba Days Inn Bismarck, ND at 1300 E Capitol Ave, with the public hearing scheduled for Tuesday, May 28, 2024, and approve the new license.

STAFF CONTACT INFORMATION:

Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. Days Inn Application



APPLICATION FOR RETAIL ALCOHOL BEVERAGE LICENSE

Phone: 701-355-1300 • Fax: 701-221-6470 • TOD 711
221 N 5th St • Bismarck, ND 58501

Note: The \$200 application fee is due when the application is submitted.
(Fee does not apply to renewal applications)

LAST REVISED: 6/20/2022

License Type:		<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input checked="" type="checkbox"/> Partnership
<input checked="" type="checkbox"/> New Application		<input type="checkbox"/> Renewal	<input type="checkbox"/> Transfer	<input type="checkbox"/> Relocation
A-Nationally Organized Fraternal Order or Club \$3,700.00	B-Airport Terminal Building \$650.00	C-Hotel or Motel Full Service \$3,800.00	C2-Hotel or Motel \$1,000.00	D-Sale at Retail of Alcoholic Beverages \$4,100.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
E-Sale at Retail of Beer Only \$800.00	F1-Restaurant - Alcoholic Beverages - 55/45 Split \$3,600.00	F2-Restaurant - Beer/Wine Only - 55/45 Split \$1,500.00	F3-Restaurant - Beer Only - 55/45 Split \$900.00	G-Concession Bismarck Municipal Country Club \$725.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H-Commercial vessels on the Missouri River \$725.00	I1-Restaurant - Alcoholic Beverages - 70/30 Split \$3,450.00	I2-Restaurant - Beer and Wine Only - 70/30 Split \$1,450.00	I3-Restaurant - Beer Only - 70/30 Split \$800.00	J-Non-profit Organization Club or Establishment \$100.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K-Beer and Wine at the Bismarck Event Center \$650.00	L-Beer & Wine at Parks & Recreation Locations \$350.00	M-Catered Retail Beer, Wine, & Liquor \$650.00	N-Domestic Winery \$800.00	O-Microbrewery \$800.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P-Event Site \$650.00	Q-Restaurant On-Sale and Off-Sale Wine \$3,800.00	R-Commercial Airline \$75.00	S-Beer Arcade \$850.00	T-Senior Living Community \$350.00
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U-Domestic Distillery \$800.00				
<input type="checkbox"/>				

Location Information:				
Name of Partnership or Corporation: Merlin Hotel Group		Date of Incorporation: 05/18/2022	State Business ID Number: [REDACTED]	
Name of business for which license is requested (DBA): Days Inn Bismarck, ND - Merlin Hotel Group			If out of state corporation, is corporation registered in North Dakota? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Location Address: 1300 E. Capitol Ave	City: Bismarck	State: North Dakota	Zip: 58501	Phone Number: (701) 223-9151
Owner of Building or Premises: No				

Correspondence Information (Where correspondence is to be sent):			
Primary Contact: Eric Hjelmstad		Phone Number: [REDACTED]	Email Address: [REDACTED]
Mailing Address: 1300 East Capitol Ave		City: Bismarck	State: North Dakota Zip: 58501

List all officers, directors, and stockholders of corporation and percentage of ownership:

Manager's Name: Eric Hjelmstad		Date of Birth: [REDACTED] 1983	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: Male	Race: Caucasion
Home Address: [REDACTED]		City: Bismarck	State: ND
Zip: 58503			
Occupation: Hospitality Manager	Phone Number: [REDACTED]	Title: GM	Email Address: [REDACTED]

Name: Naveen Aggarwal		Date of Birth: [REDACTED]/1974	Percentage of Ownership: 100%
Driver's License Number: [REDACTED]	State Issued: WA	Gender: Male	Race: Asian
Home Address: [REDACTED]		City: Sammamish	State: WA
Zip: 98075			
Occupation: Managing Partner	Phone Number: [REDACTED]	Title: Managing Partner	Email Address: [REDACTED]

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:		City:	State:
Zip:			
Occupation:	Phone Number:	Title:	Email Address:

Name:		Date of Birth:	Percentage of Ownership:
Driver's License Number:	State Issued:	Gender:	Race:
Home Address:		City:	State:
Zip:			
Occupation:	Phone Number:	Title:	Email Address:

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States? Yes No If not, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? Yes No
If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements? Yes No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? Yes No If yes, please give details:

5. If a new application, has applicant or any of the persons listed above, engaged in the sale or transportation of alcoholic beverages previously? Yes No If yes, please give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? Yes No If yes, please give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another? Yes No If yes, please give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another? Yes No
If yes, please give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota? Yes No If yes, please give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for? Yes No If yes, please give details:

11. Have all property taxes and special assessments currently due been paid? Yes No
If not, please explain:

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances.

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.

North Dakota

State of

Burleigh

County of

License transfers require signatures from both parties.

The Class _____ license owned by me is transferred to Applicant upon successful application.

Signature of Current Owner of Liquor License

Signature of Applicant

Subscribed and sworn to before me this _____

day of _____

Note: Each application needs to be signed and notarized.

Notary Public

Restaurant Requirements:

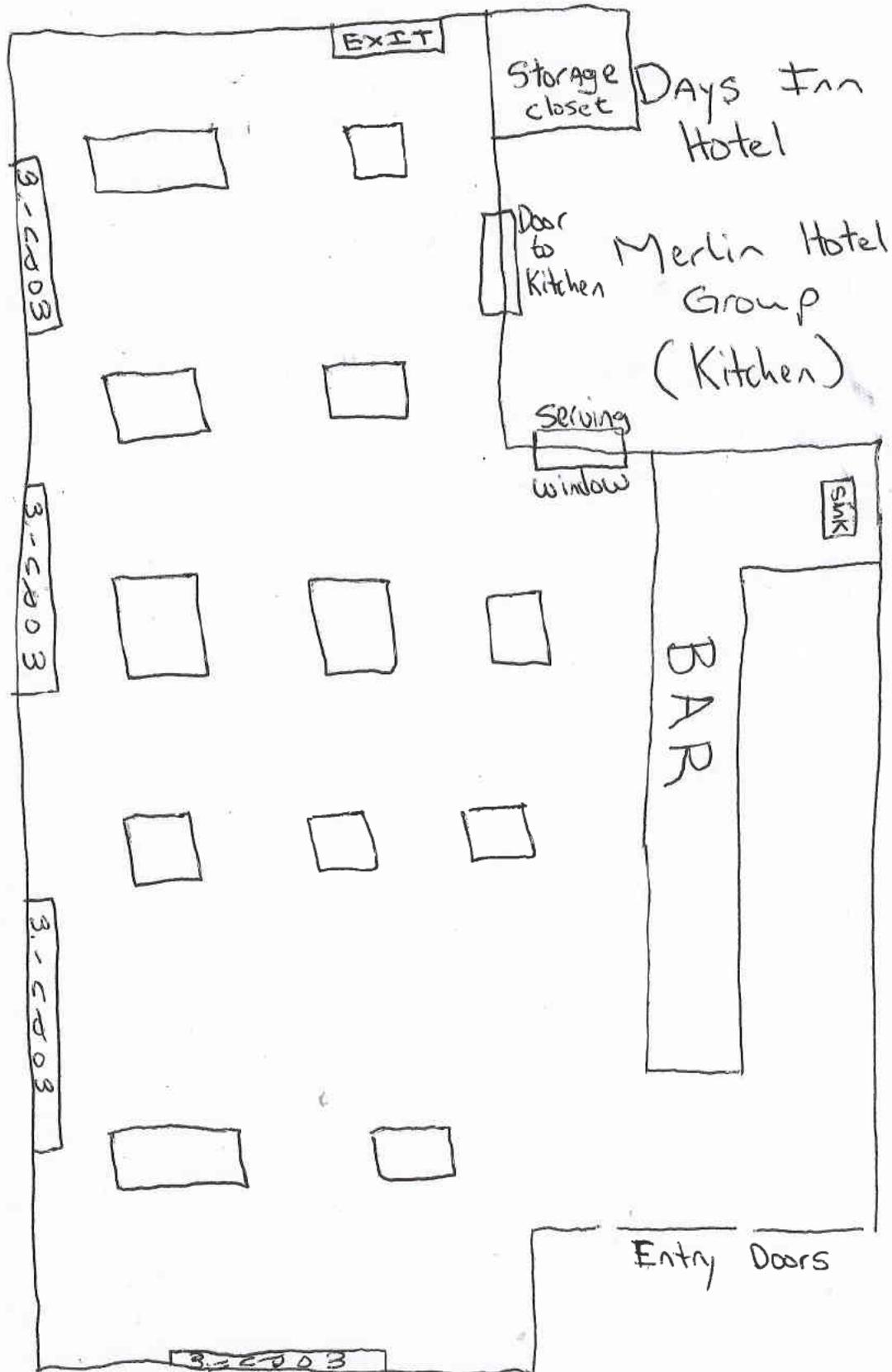
All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size. There shall be one-inch margin left clear on all edges of the diagram.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.
- Do not use reference or hi-lite markers to identify areas as they do not reproduce when copied.

Site Diagram

North





Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Public Hearing on a new Class E - Sale at Retail of Beer Only Liquor License.

REQUEST:

Public hearing on a request for a new Class E - Sale at Retail of Beer Only Liquor License for Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway at 3801 East Rosser Avenue.

BACKGROUND INFORMATION:

Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway is requesting the issuance of a new Class E - Sale at Retail of Beer Only Liquor License at 3801 East Rosser Avenue.

Class E. To any applicant for the sale at retail of beer only. The total number of Class E licenses issued in any year may not exceed sixteen plus one additional license for each 2,500 people in excess of 60,000 people, as shown by the most recent official estimated census. New Class E licenses or Class E licenses revoked or not renewed may be issued only pursuant to section 5-01-06.

RECOMMENDED CITY COMMISSION ACTION:

Hold a public hearing on the request for a new Class E - Sale at Retail of Beer Only Liquor License for Tri-Energy Cooperative (dba) Tri-Energy Cenex - Expressway at 3801 East Rosser Avenue, and approve the new license.

STAFF CONTACT INFORMATION:

Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. Tri-Energy Cooperative Application

Print

Retail Alcohol Beverage License - Submission #22753

Date Submitted: 5/1/2024



License Information:

Application Type*

New License Application

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complimentary - \$350

Location Information:

Legal Business Name:*

Tri-Energy Cooperative

Doing Business As (DBA) Name, if Applicable:*

Tri-Energy Cenex - Expressway

Date of Incorporation:*

1-1-1989

State of ND Liquor License No.:

[Empty field]

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

3801 E Rosser Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

701-222-2300

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

Sarah Tschider - Retail Operations Manager

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Sarah Tschider

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58502

Phone No.:*

[Redacted]

Manager's Name:*

Mike Goldade

Date of Birth:*

[Redacted]-1975

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Mandan

State:*

ND

Zip:*

58554

Phone No.:*

[Redacted]

Occupation:*

Retail

Title:*

District Manager

Email Address:*

[Redacted]

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

Dan Belohlavek

Date of Birth:*

[Redacted]-1959

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Mandan

State:*

ND

Zip:*

58554

Phone No.:*

[Redacted]

Occupation:*

Agriculture

Title:*

Farmer

Email Address:

Name:

George Ferderer

Date of Birth:

-1961

Percentage of Ownership:

0

Driver's License No.:

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

City:

Mandan

State:

ND

Zip:

58554

Phone No.:

Occupation:

Agriculture

Title:

Farmer

Email Address:

Name:

Kevin Schmidt

Date of Birth:

-1957

Percentage of Ownership:

0

Driver's License No.:

State Issued:

ND

Gender:

Male

Race:

White

Home Address:

[Redacted]

City:

Mandan

State:

ND

Zip:

58554

Phone No.:

[Redacted]

Occupation:

Agriculture

Title:

Rancher

Email address:

[Redacted]

Please submit all officers that will not fit on this form.

Board of Directors.docx

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

[Redacted]

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

[Redacted]

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
- No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
- No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
- No
- N/A

If yes please, give details:

We currently sell alcohol at five of our other convenience stores.

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

We have 5 other c-stores that sell beer in Bismarck, Mandan, Sterling, and Lincoln, ND.

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

Retail Convenience Store & Gas Station

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

No file chosen

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

Expressway Floorplan.docx

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

No file chosen

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Sarah Tschider

//

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

5/1/2024

Electronic Signature

Payment Options:*

Credit Card Authorization Form



NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

CC auth form.pdf

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Board of Directors

Dan Belohlavek



Mandan, ND 58554

Elwood Barth



Solen, ND 58570

George Ferderer



Mandan, ND 58554

James Schmidt



Menoken, ND 58558

Kevin Schmidt



Mandan, ND 58554

Jeff Perkins



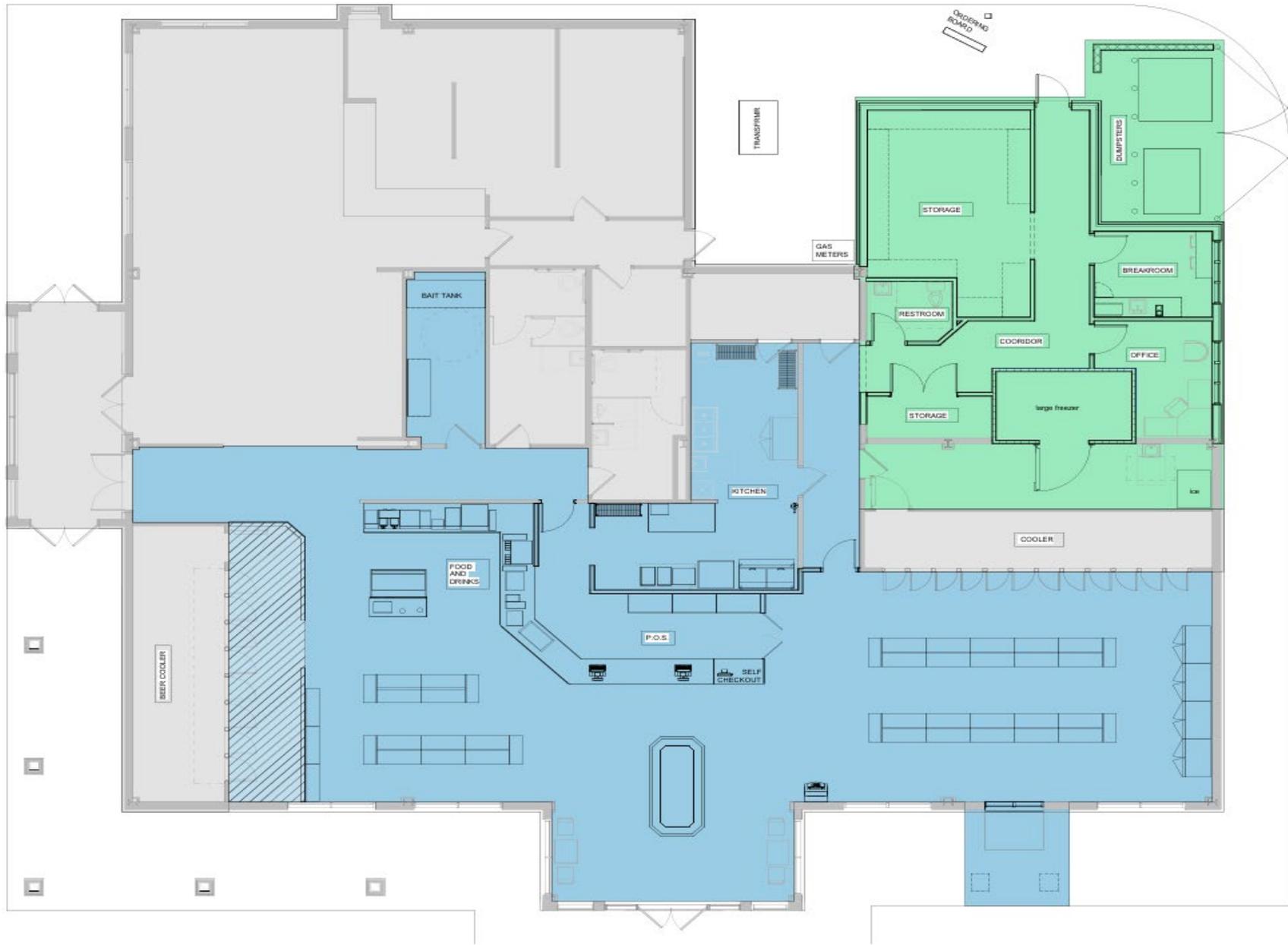
Bismarck, ND 58503

Doug Boehm



Bismarck, ND 58501

Tri-Energy Cenex - Expressway



North



October 9, 2023

Tri-Energy Cooperative
ATTN: Sarah Tschider
219 North 20th Street
Bismarck, ND 58501

Dear Ms. Tschider,

Please accept this letter as acknowledgment of the submitted bid for the Class E Beer-Only On/Off-Sale alcohol license. Bids were received and opened on Friday, October 6, 2023. The bid submitted by Tri-Energy Cooperative in the amount of \$51,000 is the highest bid received. Two additional bids were also submitted in the amounts of \$38,001 and \$40,000.

The high bid submitted by Tri-Energy Cooperative will be presented to the Board of City Commissioners at the Tuesday, October 24, 2023 commission meeting for review and acceptance.

Tri-Energy Cooperative will need to submit an application to implement the license before it can become active. For more information on this process, please feel free to contact Whitnie Olsen at wolsen@bismarcknd.gov or by calling 355.1300.

Respectfully,

A handwritten signature in blue ink, appearing to read "Jason Tomanek", is written over a light blue horizontal line.

Jason Tomanek
Assistant City Administrator
City of Bismarck





**BID FORM
CLASS E ALCOHOL LICENSE**

To: The Bismarck Board of City Commissioners.

1800-29

From: Tri-Energy Cooperative

I hereby submit my bid for a Class E Liquor License to be issued by the City of Bismarck. I understand that award of the license will be based upon the highest sum bid that meets or exceeds the minimum bid of \$30,000 and upon meeting the qualifications for licensure and approval of my application. I agree to honor my bid for a period of 60 days after the time of opening. I certify that I have not submitted or participated in more than one bid and that I am submitting this bid on my own behalf or in my official capacity as an employee or owner of a company. I have included a certified check or money order in the amount of \$200 as bond security.

Amount of Bid: \$ \$ 51,000.00

Dated this 25 day of October, 2023.

Tri-Energy Cooperative

Company name

219 N 20th St, Bismarck, ND 58501

Address (Street, City, State, Zip)

(701) 223-8707

Telephone Number

sarah.tschider@trienergycoop.com

Email

Sarah Tschider

Printed Name

Sarah Tschider

Signature





Administration Department

DATE: May 28, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Public hearing for a new Class I-2: Complementary Alcohol License

REQUEST:

Public hearing on a request for a new Class I-2: Complementary Alcohol license for Rainbow Nails & Spa, LLC at 722 South 26th Street, Units A & B.

BACKGROUND INFORMATION:

Rainbow Nails & Spa, LLC is requesting the issuance of a new Class I-2: Complementary Alcohol license at 722 South 26th Street, Units A & B.

Class I-2. To an applicant for the complementary provision of “on-sale” only beer, wine, and liquor, subject to the following conditions:

- A. The applicant must be a business with a permanent location within the City of Bismarck.
- B. The dispensing of alcohol is only to customers on the licensed premises without any additional charge for the alcoholic beverage.
- C. The license is for “on-sale” only, and “off-sale” is not permitted. A cessation of business at a licensed location for a period of ninety days or longer shall constitute cause to revoke such license pursuant to Section 5-01-09.
- D. Once a license has been established at a particular location, the license may not be transferred to another location.
- E. A licensee may not obtain an event permit pursuant to Section 5-01-13 except on real property owned in the name of the licensee.
- F. The licensee must obtain and keep in effect off-premises alcohol liability insurance and provide the City proof of insurance with its license application.

RECOMMENDED CITY COMMISSION ACTION:

Hold a public hearing on the request for a new Class I-2, Complementary Alcohol, from Rainbow Nails & Spa, LLC at 722 South 26th Street, Units A & B, and approve the new license.

STAFF CONTACT INFORMATION:

Whitnie Olsen, Senior Administrative Assistant, wolsen@bismarcknd.gov

ATTACHMENTS:

1. Rainbow Nails & Spa Application

License Type*

Please select the type(s) of license(s) you are applying for.

- Class A: Nationally Organized Fraternal Order or Club - \$3,700
- Class B-1: Operator of the Beverage Concession at the Airport Terminal Building - \$650
- Class B-2: Concession at the Bismarck Municipal Country Club - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-3: Commercial passenger vessels on the Missouri River - \$650
- Class B-4: Sale of Beer & Wine at the Bismarck Event Center - \$650
- Class B-5: Sale of Beer & Wine at Bismarck Parks and Recreation Locations - \$650
- Class B-6 : Commercial Airline - \$650
- Class C-1: Hotel or Motel Full Service - \$3,800
- Class C-2: Hotel or Motel - \$1,000
- Class D: Sale at Retail of Alcoholic Beverages - \$4,100
- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
- Class F-2: Restaurant - Beer & Wine Only - \$1,100
- Class G: Catered Retail Beer, Wine, & Liquor - \$650
- Class H-1: Domestic Winery - \$800
- Class H-2: Domestic Brewery - \$800
- Class H-3: Domestic Distillery - \$800
- Class I-1: Senior Living Community - \$350
- Class I-2: Complimentary - \$350

Location Information:

Legal Business Name:*

RAINBOW NAILS & SPA LLC

Doing Business As (DBA) Name, if Applicable:*

RAINBOW NAILS & SPA LLC

Date of Incorporation:*

03/21/2022

State of ND Liquor License No.:

If out of state corporation, is corporation registered in North Dakota?

- Yes
- No
- N/A

Location Address:*

722 S 26TH ST UNIT A&B

City:*	State:*	Zip:*	Phone No.:*
BISMARCK	NORTH DAKOTA	58504	[REDACTED]

Name and Title of Person Completing Form (must be the person listed in ownership information or manager):

ERIC TRINH (PARTNER)

Contact Information (Where correspondence is to be sent):

Primary Contact:*	Email Address:*
Ann Nguyen	[REDACTED]

Mailing Address:*	City:*
722 S 26TH ST UNIT A&B	BISMARCK

State:*	Zip:*	Phone No.:*
NORTH DAKOTA	58554	[REDACTED]

Manager's Name:*	Date of Birth:*	Percentage of Ownership:*
ANN NGUYEN	[REDACTED]/1975	50%

Driver's License No.:*	State Issued:*	Gender:	Race:
[REDACTED]	NORTH DAKOTA	FEMALE	ASIAN

Home Address:*

4720 MELLOWSUN DR

City:*	State:*	Zip:*	Phone No.:*
BISMARCK	NORTH DAKOTA	58503	[REDACTED]

Occupation:*

NAILS TECHNICIAN

Title:*

MANAGER

Email Address:*

List all officers, directors, and stockholders of corporation and percentage of ownership:

Name:*

ERIC TRINH

Date of Birth:*

_____/1987

Percentage of
Ownership:*

50%

Driver's License
No.:

State Issued:*

NORTH DAKOTA

Gender:

MALE

Race:

ASIAN

Home Address:*

City:*

BISMARCK

State:*

NORTH DAKOTA

Zip:*

58503

Phone No.:

Occupation:*

NAILS TECHNICIAN

Title:*

CEO

Email Address:

Name:

Date of Birth:

Percentage of
Ownership:

Driver's License
No.:

State Issued:

Gender:

Race:

Home Address:

City:

State:

Zip:

Phone No.:

Occupation:

Title:

Email Address:

Name: _____ **Date of Birth:** _____ **Percentage of Ownership:** _____

Driver's License No.: _____ **State Issued:** _____ **Gender:** _____ **Race:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone No.:** _____

Occupation: _____ **Title:** _____ **Email address:** _____

Please submit all officers that will not fit on this form.

[Choose File](#) no file selected

The undersigned states that the following information is true and correct.

1. Are manager and partners legal residents of the United States and the State of North Dakota, and are all officers or directors legal residents of the United States?*

- Yes
- No

If no, please explain:

2. Have any of the persons listed above been convicted of any crime within the past five years? *

- Yes
- No

If yes, list all convictions and the dates, locations and sentence of disposition of each:

3. Does the building meet all state and local sanitation and safety requirements?*

- Yes
 No

4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *

- Yes
 No

If yes please, give details:

5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages previously?*

- Yes
 No
 N/A

If yes please, give details:

6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *

- Yes
- No

If yes please, give details:

7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*

- Yes
- No

If yes please, give details:

8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*

- Yes
- No

If yes please, give details:

9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*

- Yes
- No

If yes please, give details:

10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*

- Yes
- No

If yes please, give details:

11. Have all property taxes and special assessments currently due been paid?*

- Yes
- No

If not please, explain why:

Special Requirements:

All Class F-1, F-2, C-2, & G license holders shall file with the application for license renewal a copy of their report of food and alcoholic beverage amounts that they have filed with the State of North Dakota for their state alcohol permit for the immediately preceding calendar year prior to renewal. The Board of City Commissioners may, at its discretion, require the licensee to provide such additional proof of the licensee's compliance with this section as the commission deems necessary.

Upload Gross Food Sales Report:

[Choose File](#) no file selected

Select Language ▾

Go [gle](#) [Translate](#)

Liquor License Site Diagram Requirements:

- Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

Upload Site Diagram:*

[Choose File](#) no file selected

Upload Site Diagram: is required.

Liquor License Transfers

Download Required Form for License Transfer:

[Alcoholic Beverage License Transfer Form](#)

Upload Notarized Alcoholic Beverage License Transfer Form

[Choose File](#) no file selected

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.*

I agree

Signature of Applicant:*

Eric trinh

By checking this box I acknowledge that I am electronically signing this liquor license application.*

Date:*

04/24/2024

Electronic Signature

Payment Options:*

Check By Mail

NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

Credit Card

Credit Card Authorization Form

Upload Credit Card Authorization Form

Choose File no file selected

Mail Payments To:

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

Receive an email copy of this form.

Email address

ericbaotrinh@gmail.com

This field is not part of the form submission.

Submit

Submit and Print

* indicates a required field



Engineering Department

DATE: May 28, 2024

FROM: Gabe Schell, City Engineer

ITEM: Half Cent Sales Tax Update & Tyler Parkway Extension

REQUEST:

Consider request to receive update on half cent sales tax and assign Tyler Parkway Extension as the next half-cent sales tax funded project and begin preliminary engineering.

BACKGROUND INFORMATION:

Tyler Parkway from Valley Dr to Cogburn Rd is recommended to be the next half-cent sales tax-funded arterial road reconstruction project. Half-cent sales tax has been used in part or entirely for:

- 2020 construction of 43rd Avenue NE from Washington Street to State Street
- 2022 construction of 43rd Avenue NE from State Street to N 26th Street
- 2022 construction of Tyler Parkway from Cogburn Drive to 57th Avenue NW
- 2022 construction of 43rd Avenue NE from Roosevelt Drive to 52nd Street NE
- 2023 construction of Ash Coulee Dr from Tyler Parkway to N Washington Street
- 2023 construction of US 83/64th Avenue NE intersection improvements
- 2024 construction of S Washington Street from Burleigh Avenue to the south Bismarck drainage ditch
- 2025 planned construction of E Century Avenue from Centennial Rd to 52nd Street

The project would construct approximately 3000 feet of Tyler Parkway between Valley Dr and Cogburn Rd. Currently, Tyler Parkway extends approximately one mile south of Valley Dr connecting to I-94 at Exit 157 before transitioning into Divide Avenue. To the north, it extends approximately two miles beyond Cogburn Rd, intersecting with ND 1804 and continuing as 15th Street NW, with approximately a mile of paved roadway followed by approximately nine miles of gravel road. This proposed extension would cross Tyler Coulee and would integrate with regional stormwater detention improvements currently in design within the coulee. No municipal water or sewer is anticipated to be extended across Tyler Coulee.

This project has been recommended in numerous planning studies. The earliest mention of this corridor was the 1996 Long Range Transportation Plan showing a potential connection of a north-south roadway between Country West Rd and ND 1804. It continued to be further

analyzed and recommended in the 2003 Fringe Area Road Master Plan, 2011 NW Bismarck Subarea Study and 2014 Fringe Area Road Master Plan. It has been included as a "future arterial" in functional classification maps with right of way dedicated during adjacent platting actions from the mid-1990s to present along the corridor.

This project would improve connectivity in NW Bismarck and allow residents another option for their trip selection. This improved connectivity also decreases Fire Department and other emergency services response times through a more direct connection to areas of Promontory Pointe, Elk Ridge, Eagle Crest and Heritage Park and Heritage Ridge Additions. This project would seek to mitigate increases in traffic by evaluating and deploying traffic calming, traffic operation and traffic safety improvements both within the extension area and also as far south as Century Ave and as far north as Ash Coulee Dr. Additionally, the project will assess opportunities for pedestrian and bicycle enhancements along Tyler Parkway and connectivity to the trail network within the coulee.

This project would be 100% locally funded with no programmed federal or state funding. As such, some of the processes required by federal funding would not need to be performed. However, this roadway is a functionally classified roadway and in order to not jeopardize future federal funding eligibility, coordination with North Dakota Department of Transportation (NDDOT) will occur to the degree the NDDOT desires. Right of way would need to be acquired from two primary landowners through the extension area and easements or right of way may be necessary from properties adjacent to existing Tyler Parkway depending on the scope and scale of the traffic calming improvements considered.

If it is desired by this Board, staff would issue a request for proposals (RFP) from qualified consulting engineering firms to assist with the preliminary engineering phase with the ability to amend the agreement to include design engineering and construction observation services if approved. Construction would be planned for the 2026 construction season and this project would be included in the upcoming 2025 budget.

RECOMMENDED CITY COMMISSION ACTION:

Approve request to assign Tyler Parkway Extension as the next half-cent sales tax-funded project and procure engineering services

STAFF CONTACT INFORMATION:

Gabe Schell, City Engineer, 701-355-1507, gschell@bismarcknd.gov

ATTACHMENTS:

1. Location Map

Location Map – Tyler Parkway Extension





Bismarck Event Center

DATE: May 28, 2024

FROM: Amanda Yellow, Interim Director

ITEM: Bismarck Event Center Update

REQUEST:

Consider the request to receive an update regarding the Bismarck Event Center.

BACKGROUND INFORMATION:

The City Commission requested a 30, 60, 90 day outlook on the Event Center and an update on the past 30 days.

RECOMMENDED CITY COMMISSION ACTION:

Receive the report.

STAFF CONTACT INFORMATION:

Amanda Yellow, Interim Director, 701-355-1376, ayellow@bismarcknd.gov

ATTACHMENTS:

None



Airport

DATE: May 28, 2024

FROM: Greg Haug, Airport Director

ITEM: Executive Air Taxi Corporation Development Agreement Amendment

REQUEST:

Consider an Executive Air Taxi Corporation (EATC) request to Amend its Development Agreement Hangar size from 260' x 120' to 280' x 120'.

BACKGROUND INFORMATION:

Executive Air Taxi Corporation (EATC) is one of two Fixed Base Operators (FBO) providing aeronautical services at the Bismarck Airport. The Commission approved entering into a development agreement with EATC on October 11, 2022 (Enclosure 1). The agreement spells out specific commitments by the Bismarck Airport to support the development. Those actions include entering into an amendment to the existing lease to add the new 260' x 120' hangar building, construction of an apron, reconfiguring a vehicle access gate, and associated actions such as extending existing parcel leases, fuel farm leases, and fueling permit to 30 years. The development agreement approved a 260' x 120' hangar. EATC has requested the Board approve a hangar size of 280' x 120' (Enclosure 2). EATC Chief Operating Officer Paul Vetter plans to attend the meeting to answer any questions the Board may have. Airport staff will also be available.

RECOMMENDED CITY COMMISSION ACTION:

Approve the Executive Air Taxi Corporation request to amend its Development Agreement Hangar size from 260' x 120' to 280' x 120'.

STAFF CONTACT INFORMATION:

Tim Thorsen, Assistant Airport Director, 701-355-1806, tthorsen@bismarcknd.gov

ATTACHMENTS:

1. EATC Development Agreement
2. EATC request letter dated May 6, 2024



CONTRACT REVIEW FORM

Contract between the City of Bismarck and Executive Air Taxi Corporation (EATC)

Purpose of Contract: Development Agreement to Construct a hangar

Contract Amount: NA

Contract Period: when signed through October 31, 2025

Department: Airport Budget Number (if applicable): NA

Revenue / Funding Source: NA Project Number: NA

Comments: This Development Agreement is on the October 11, 2022 agenda. The purpose of the agreement is to construct a hangar. The agreement spells out specific commitments by EATC and Bismarck Airport.

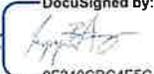
Please check all that apply:

- Regular Contract Review Change Order
- Grant Funded Subrecipient/Vendor Determination
- IT / GIS-Related
- Mayor's Signature Only
- Commission Approval and Mayor's Signature
- Attestation of Mayor's Signature

Procurement Attached:

- Three Quotes
- RFP/RFQ/Bids
- Cooperative Agreement/
State Contract

APPROVALS:

Department Director  DocuSigned by:
9F240CBC4F5C4A5

Date: October 5, 2022

Grants Coordinator (if needed)

Date:

Comments:

IT/GIS (if needed)

Date:

Comments:

City Attorney  DS
Comments: OK

Date: October 5, 2022

Finance Director  DS
Comments: OK

Date: October 5, 2022

Administrator  DS
Comments: OK

Date: October 6, 2022

DEVELOPMENT AGREEMENT

The City of Bismarck (the “City”), and Executive Air Taxi Corporation, (“EATC”) make the following Development Agreement for construction of one hangar building between the summer 2024 through October 31, 2025. Construction of buildings generally as depicted in Enclosures to this document.

Development Summary and Timeline

The purpose of this agreement is for a hangar expansion in a parcel North of Hangar 48C replacing the existing Hangar Building 38 (Former Waypoint/Fargo Jet hangar). A 260 foot by 120 foot hangar will be constructed in 2024-2025 following demolition of Hangar 38. Construction of parking and apron are part of this development.

Building

EATC Responsibilities

The following items 1-11 below will be accomplished and paid for by EATC.

1. Sign a new lease agreement prior to starting the construction of new hangar. Lease may be the name of a holding/investment entity. Lease language will include the 50 feet of concrete apron, in front of lease space measured from the front of each building on the parcel as an additional “maintenance area”. Lease language will require EATC to pay maintenance costs on the apron “maintenance area”. City will conduct the maintenance. Determination for the need for maintenance is at the sole discretion of the City.
2. Provide an Exhibit A, drawing of the Leased Premises.
3. Provide information to the City as requested supporting associated environmental actions conducted by the City.
4. Coordinate Plat work. Obtain lot modification approval from Community Development.
5. Submit airspace study to OEAAA site. <https://oeaaa.faa.gov/oeaaa/external/portal.jsp>.
6. Provide a site plan and submit it to the Airport for review prior to submission to the Community Development Department. The exact boundary description of the site plan will be determined upon completion of the survey of the area. The site plan will include details of storm sewer, sanitary sewer, water, landscaping, parking, and other items as required by Community Development and City Engineering in the Site Plan Review and Approval process.

7. Complete a grading plan of the Leased Premises for Airport approval and perform grading pursuant to the approved plan as required for appropriate drainage of the Leased Premises.
8. Obtain all permits and approvals necessary to construct the new hangar.
9. Demolish hangar building 38 and prep site for hangar construction starting November 1, 2023.
10. Construct a 31,200 square foot hangar building (hangar 6D) suitable for commercial aeronautical uses on the Leased Premises before end of CY 2025 (Enclosure 1).
11. Provide as built of building, sanitary sewer, storm sewer, water electrical, cable, parking lot, sidewalks, and other items added as a result of the Hangar Development to the City. Three (3) as built in CAD latest version distributed to City Engineering, City GIS, and Airport. One paper copy of as built to Bismarck Airport.

City Responsibilities

Items 1-4 below will be accomplished by and paid for by the City.

1. Engage a consulting Engineer who will complete a survey of the Leased Premises and provide building corner locations and corner elevation to EATC.
2. Review and coordinate site plan and plat modification and Exhibit A., with EATC.
3. Prepare new Lease Agreement and/or an amendment to the Hangar 48 complex lease. Lease/amendment start date for reconfigured parcel shall be November 1, 2023. New building leases or amendment will have term of 30 years from November 1, 2023.
4. Complete Environmental Action (CATX).

Water Service

EATC Responsibilities

The following item 1 below will be accomplished and paid for by EATC.

1. Install a new water service line in compliance with City Code to the new hangar building. The connection point shall be on the water main along Eclipse Way as specified by the City. This installation shall be accomplished by and paid for by EATC. If EATC does not utilize the existing connection point (if applicable) and the City determines the existing connection point needs to be abandoned, EATC will be responsible for properly abandoning the existing connection point per the City's requirements.

City Responsibilities

Items 1 below will be accomplished by and paid for by the City.

1. Install a hydrant if required by code.

Sanitary Sewer

EATC Responsibilities

The following item 1 below will be accomplished by EATC.

1. Install sanitary sewer connection meeting city code from sewer main along Eclipse Way to the new hangar building. This installation shall be accomplished by and paid for by EATC. If EATC does not utilize the existing connection point (if applicable) and the City determines the existing connection point needs to be abandoned, EATC will be responsible for properly abandoning the existing connection point per the City's requirements.

City Responsibilities

None.

Street/Ramp/Lighting Improvements

EATC Responsibilities

The improvements described in items 1-7 will be accomplished by and paid for by EATC.

1. Provide a seven-foot concrete ramp section to connect the new hangar building to the City constructed ramp. Maintain the concrete strip.
2. Provide building mounted light fixtures to provide lighting for the entire length of the building on the apron side and extending 50 feet out from the building. Required lighting levels within this area are a minimum average of 3 footcandles and a uniformity ratio of 4:1 (average to minimum). Light fixtures used are to be low-glare, cut-off type fixtures. Provide documentation to the City's Consulting Engineer that includes proposed light fixture product cut sheets and lighting calculations confirming required lighting levels.
3. Install all electric, gas, cable, phone or other utility connections not covered by this Development Agreement to the new hangar building.

4. Install sidewalk, parking, green space improvements as required on the approved site plan. Parking provided shall also include temporary replacement of building 22 parking stalls lost to accommodate the EATC hangar building parcel. Temporary paved parking lot shall be on the North West end of the new hangar and have a sidewalk connecting to Building 22 and a connection to Eclipse Way. The temporary parking lot shall replace all parking stalls lost in existing parking or the number of temporary stalls required by Community Development if the number needed is determined to be greater. Permanent hangar parking may include a continuous lot from the North end of the new building behind Building 48C and joining to existing parking behind Building 48B.
5. Install permanent fence in between hangar and adjacent hangar buildings. Install temporary fence to accommodate construction of hangar building.
6. Pay for 50% of the cost of the first 43 feet of apron constructed by the City in front of the leased parcel for new hangar building.
7. Install necessary modifications to maintain power and utilities to Building 22 until demolished.

City Responsibilities

The improvements described in items 1-4 below will be accomplished by and paid for by the City.

1. Remove/replace any Street lights and power poles necessary to accommodate the new hangar.
2. Install apron in front of the new hangar building. Install apron from the edges of existing apron in front of the new hangar building when constructed. City is not responsible for seasonal differential movement between EATC concrete (first 7 feet), and concrete apron installed by the City.
3. Install keycard-controlled access Gate to replace Gate #35. Construct paved approach to replacement gate.

Extension of Fuel Farm Lease and Fueling Permit

EATC Responsibilities

The improvements described in items 1 below will be accomplished and paid by EATC.

1. Sign an amendment extending the Fuel Farm lease matching term of new hangar building.

City Responsibilities

The improvements described in items 1 below will be accomplished by and paid for by the City.

1. Extend Fuel Farm ground lease and fuel farm permit to mirror new hangar Building term.

Amend parcel lease for building 48, 48B and 48C

EATC Responsibilities

The improvements described in items 1 will be accomplished by EATC.

1. Agree to amend parcel leases for building 48, 48B and 48C to include the 43 feet of concrete apron, in front of lease space (lease includes first 7 feet of apron) measured from the front of each building on the parcel as an additional "maintenance area" (total of 50 feet). Amendment language will require EATC to pay maintenance costs on the apron "maintenance area". City will conduct the maintenance. Determination for the need for maintenance is at the sole discretion of the City.

City Responsibilities

The improvements described in items 1 and 2 below will be accomplished by the City.

1. Amend parcel leases for building 48, 48B and 48C to add maintenance areas as described in EATC responsibilities above.

Coordination Items

EATC Responsibilities

Completion of site plan for new hangar.

Secure Site plan and Lot Modification approval from Community Development.

Submit OEAAA airspace study and receive approval.

Delivery of Exhibit A and B to City for building lease/lease amendment

Approve/sign leases and amendments.

Submit requested information needed by City for environmental submission (CATX)

Demolition of Building 38

Construction of hangar building, temp parking, permanent parking, and sidewalks.

Payment of 50% of the first 43 feet of apron cost constructed by City.

City Responsibilities

Engage Consulting Engineer

Coordinate grant funding

Provide building survey information to EATC. (Corners of building and finished floor elevation)

Submit Environmental (CATX)

Review of plat changes and site plan

Provide draft then final Lease amendment to EATC for new building.

Provide Lease Amendment for Building 48, 48B, 48C.

Coordinate approval actions with Board of City Commissioners

Ramp, utility and gate bids

Construction of Ramp & utilities under ramp.

The target dates shown in this document as City responsibilities are subject to circumstances beyond the City's control (such as completion of Environmental approvals and funding approvals by FAA and ND Aeronautics Commission). The target dates shown in this document as EATC responsibly are subject to circumstances beyond EATC's control.

EATC agrees that if the hangar development does not proceed, EATC will reimburse the City for all of the consulting engineering costs directly related to and expended by the City's obligations under this Development Agreement, excepting survey costs.

Whether or not the City endeavors to do the work under this Agreement is contingent upon the City's ability to obtain all of the easements or dedications necessary to complete the project. The parties agree that this agreement supersedes any prior agreements with respect to this area to the extent that this Agreement may conflict with any prior agreements. All other provisions of those prior agreements remain in effect.

This Development Agreement shall bind the parties, their successors, assigns and heirs.

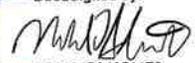
Dated this 4th day of Oct, 2022.



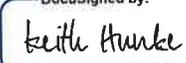
John Miller, CEO
Executive Air Taxi Corporation

October 12, 2022

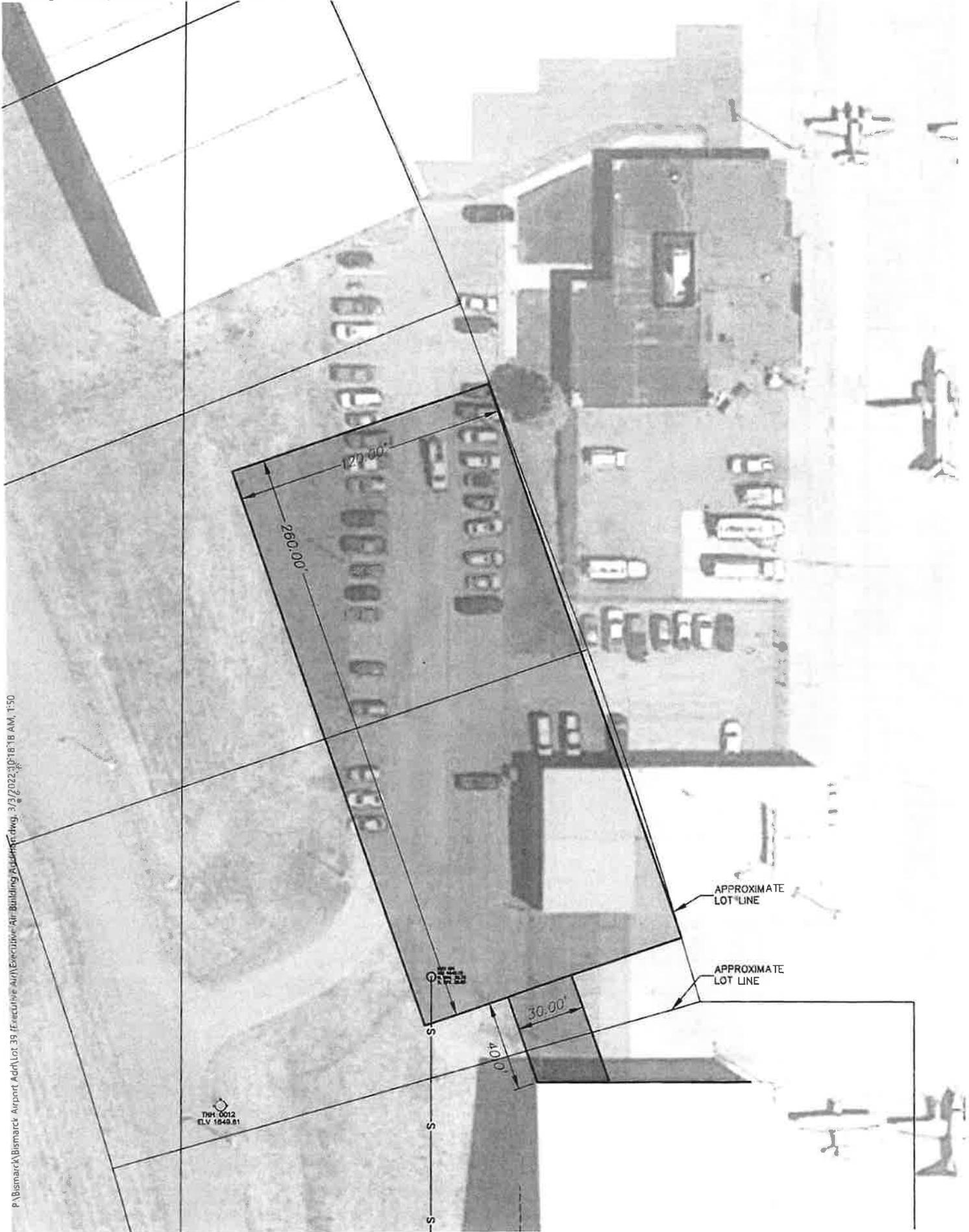
Dated: _____

DocuSigned by:

DB23347C43514E9

Michael T. Schmitz, President,
Board of City Commissioners

DocuSigned by:

D7FD22CCD603470

Attest
Keith J. Hunke
City Administrator



P:\Bismarck\Bismarck Airport Add\Lot 39\Executive Air\Executive Air Building Add\Plan.dwg, 3/3/2022, 3:07:18 AM, 1:50



Bismarck Airport

DATE: October 4, 2022

FROM: Gregory Haug, Airport Director

ITEM: Consider a Development Agreement with Executive Air Taxi Corporation.

REQUEST:

Consider a Development Agreement with Executive Air Taxi Corporation.

Please place this item on the October 11, 2022, City Commission meeting agenda.

BACKGROUND INFORMATION:

Executive Air Taxi Corporation (EATC) is one of two Fixed Base Operators (FBO) providing aeronautical services on Bismarck Airport. EATC desires to enter into a development agreement with the City. The purpose of the agreement is for a hangar expansion in a parcel North of Hangar 48C replacing the existing Hangar Building 38 (Former Waypoint/Fargo Jet hangar). A 260 foot by 120 foot hangar would be constructed in 2024-2025 following demolition of Hangar 38 (Enclosure 1). Construction of parking and apron are part of this development.

Terms and language in this development agreement are similar to the development agreement recently approved by the Board with Simson Holding Company. This agreement would commit EATC to demolish Hangar 38 and prep the site for construction of a hangar, provide temporary and permanent parking, participate in apron costs as well as other associated actions. The Development Agreement states that EATC will participate in 50% of the initial costs of the first 43 feet of new apron in front of the new hangar buildings and we are proposing that the Airport participate in the other 50%. The estimated cost for the first 43 feet of apron in front of the hangar is approximately \$400,000. The Airports proposed share of \$200,000 will be funded with Airport and possible State funds. The lease language will require EATC to pay maintenance costs of a new "apron maintenance area" moving forward in front of all existing leased areas. The Airport will still determine when and how to conduct the maintenance in this new "apron maintenance area". The determination of need for maintenance is at the sole discretion of the Airport.

The agreement spells out specific commitments by Bismarck Airport to support the development. Those actions include entering into an amendment to the existing lease to add the new 260 foot x 120 foot hangar building, construction of apron, reconfiguring a vehicle

access gate and associated actions such as extending existing parcel leases, fuel farm lease and fueling permit to 30 years. Apron beyond the 50 feet will be funded with a combination of Federal, State and Airport funds in a planned project – Expand GA Apron Phase 6.

The terms for future development agreements may be reconsidered by the Airport on future developments based on FAA and State rules for funding participation.

RECOMMENDED CITY COMMISSION ACTION:

Approve the Development Agreement with EATC at Enclosure 2.

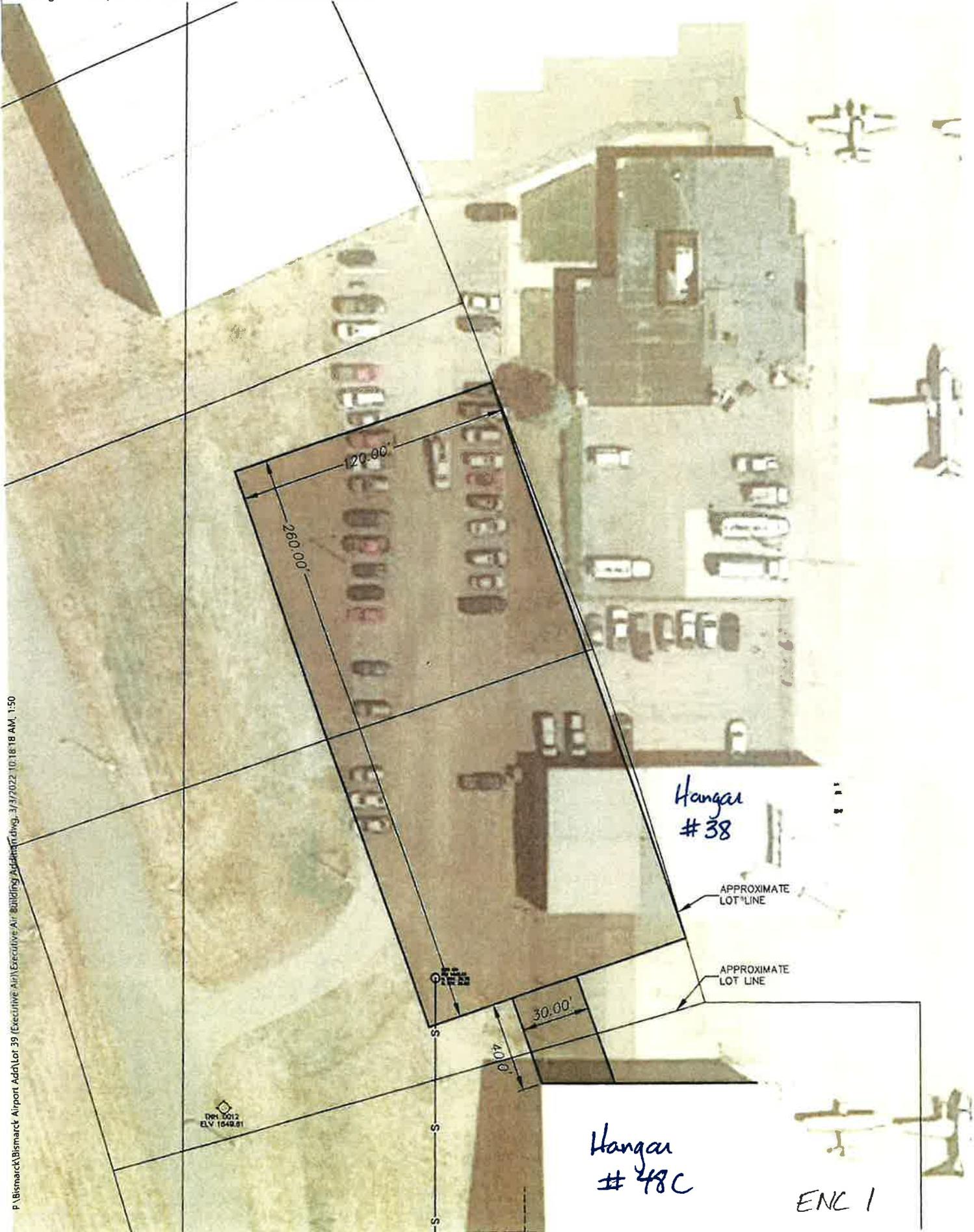
STAFF CONTACT INFORMATION:

Greg Haug | Airport Director | 701-355-1808 | ghaug@bismarcknd.gov

Enclosure

1. Diagram.
2. Development Agreement.

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Hangar #38

APPROXIMATE LOT LINE

APPROXIMATE LOT LINE

Hangar #48C

ENC 1

DN 1012
ELV 1049.01

DEVELOPMENT AGREEMENT

The City of Bismarck (the “City”), and Executive Air Taxi Corporation, (“EATC”) make the following Development Agreement for construction of one hangar building between the summer 2024 through October 31, 2025. Construction of buildings generally as depicted in Enclosures to this document.

Development Summary and Timeline

The purpose of this agreement is for a hangar expansion in a parcel North of Hangar 48C replacing the existing Hangar Building 38 (Former Waypoint/Fargo Jet hangar). A 260 foot by 120 foot hangar will be constructed in 2024-2025 following demolition of Hangar 38. Construction of parking and apron are part of this development.

Building

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The following items 1-11 below will be accomplished and paid for by EATC.

1. Sign a new lease agreement prior to starting the construction of new hangar. Lease may be the name of a holding/investment entity. Lease language will include the 50 feet of concrete apron, in front of lease space measured from the front of each building on the parcel as an additional “maintenance area”. Lease language will require EATC to pay maintenance costs on the apron “maintenance area”. City will conduct the maintenance. Determination for the need for maintenance is at the sole discretion of the City.
2. Provide an Exhibit A, drawing of the Leased Premises.
3. Provide information to the City as requested supporting associated environmental actions conducted by the City.
4. Coordinate Plat work. Obtain lot modification approval from Community Development.
5. Submit airspace study to OEAAA site. <https://oeaaa.faa.gov/oeaaa/external/portal.jsp>.
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7. Complete a grading plan of the Leased Premises for Airport approval and perform grading pursuant to the approved plan as required for appropriate drainage of the Leased Premises.
8. Obtain all permits and approvals necessary to construct the new hangar.
9. Demolish hangar building 38 and prep site for hangar construction starting November 1, 2023.
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City Responsibilities

Items 1-4 below will be accomplished by and paid for by the City.

1. Engage a consulting Engineer who will complete a survey of the Leased Premises and provide building corner locations and corner elevation to EATC.
2. Review and coordinate site plan and plat modification and Exhibit A., with EATC.
3. Prepare new Lease Agreement and/or an amendment to the Hangar 48 complex lease. Lease/amendment start date for reconfigured parcel shall be November 1, 2023. New building leases or amendment will have term of 30 years from November 1, 2023.
4. Complete Environmental Action (CATX).

Water Service

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City Responsibilities

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3. Install all electric, gas, cable, phone or other utility connections not covered by this Development Agreement to the new hangar building.

4. Install sidewalk, parking, green space improvements as required on the approved site plan. Parking provided shall also include temporary replacement of building 22 parking stalls lost to accommodate the EATC hangar building parcel. Temporary paved parking lot shall be on the North West end of the new hangar and have a sidewalk connecting to Building 22 and a connection to Eclipse Way. The temporary parking lot shall replace all parking stalls lost in existing parking or the number of temporary stalls required by Community Development if the number needed is determined to be greater. Permanent hangar parking may include a continuous lot from the North end of the new building behind Building 48C and joining to existing parking behind Building 48B.
5. Install permanent fence in between hangar and adjacent hangar buildings. Install temporary fence to accommodate construction of hangar building.
6. Pay for 50% of the cost of the first 43 feet of apron constructed by the City in front of the leased parcel for new hangar building.
7. Install necessary modifications to maintain power and utilities to Building 22 until demolished.

City Responsibilities

The improvements described in items 1-4 below will be accomplished by and paid for by the City.

1. Remove/replace any Street lights and power poles necessary to accommodate the new hangar.
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EATC Responsibilities

The improvements described in items 1 below will be accomplished and paid by EATC.

1. Sign an amendment extending the Fuel Farm lease matching term of new hangar building.

City Responsibilities

The improvements described in items 1 below will be accomplished by and paid for by the City.

1. Extend Fuel Farm ground lease and fuel farm permit to mirror new hangar Building term.

Amend parcel lease for building 48, 48B and 48C

EATC Responsibilities

The improvements described in items 1 will be accomplished by EATC.

1. Agree to amend parcel leases for building 48, 48B and 48C to include the 43 feet of concrete apron, in front of lease space (lease includes first 7 feet of apron) measured from the front of each building on the parcel as an additional "maintenance area" (total of 50 feet). Amendment language will require EATC to pay maintenance costs on the apron "maintenance area". City will conduct the maintenance. Determination for the need for maintenance is at the sole discretion of the City.

City Responsibilities

The improvements described in items 1 and 2 below will be accomplished by the City.

1. Amend parcel leases for building 48, 48B and 48C to add maintenance areas as described in EATC responsibilities above.

Coordination Items

EATC Responsibilities

Completion of site plan for new hangar.

Secure Site plan and Lot Modification approval from Community Development.

Submit OEAAA airspace study and receive approval.

Delivery of Exhibit A and B to City for building lease/lease amendment

Approve/sign leases and amendments.

Submit requested information needed by City for environmental submission (CATX)

Demolition of Building 38

Construction of hangar building, temp parking, permanent parking, and sidewalks.

Payment of 50% of the first 43 feet of apron cost constructed by City.

City Responsibilities

Engage Consulting Engineer

Coordinate grant funding

Provide building survey information to EATC. (Corners of building and finished floor elevation)

Submit Environmental (CATX)

Review of plat changes and site plan

Provide draft then final Lease amendment to EATC for new building.

Provide Lease Amendment for Building 48, 48B, 48C.

Coordinate approval actions with Board of City Commissioners

Ramp, utility and gate bids

Construction of Ramp & utilities under ramp.

The target dates shown in this document as City responsibilities are subject to circumstances beyond the City's control (such as completion of Environmental approvals and funding approvals by FAA and ND Aeronautics Commission). The target dates shown in this document as EATC responsibly are subject to circumstances beyond EATC's control.

EATC agrees that if the hangar development does not proceed, EATC will reimburse the City for all of the consulting engineering costs directly related to and expended by the City's obligations under this Development Agreement, excepting survey costs.

Whether or not the City endeavors to do the work under this Agreement is contingent upon the City's ability to obtain all of the easements or dedications necessary to complete the project. The parties agree that this agreement supersedes any prior agreements with respect to this area to the extent that this Agreement may conflict with any prior agreements. All other provisions of those prior agreements remain in effect.

This Development Agreement shall bind the parties, their successors, assigns and heirs.

Dated this ____ day of _____, 2022.

John Miller, CEO
Executive Air Taxi Corporation

Dated: _____

Michael T. Schmitz, President,
Board of City Commissioners

Attest _____
Keith J. Hunke
City Administrator

Certificate Of Completion

Envelope Id: 6AF7BE006A7F487B8E35A4812166CE42
Subject: DocuSign: EATC Development Agreement
Source Envelope:
Document Pages: 19
Certificate Pages: 2
AutoNav: Enabled
Enveloped Stamping: Enabled
Time Zone: (UTC-06:00) Central Time (US & Canada)

Status: Completed

Envelope Originator:
Timothy Thorsen
221 N 5th Street
Bismarck, ND 58501
tthorsen@bismarcknd.gov
IP Address: 165.234.252.235

Record Tracking

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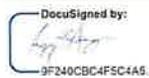
Holder: Timothy Thorsen
tthorsen@bismarcknd.gov

Location: DocuSign

Signer Events

Gregory Haug
ghaug@bismarcknd.gov
Airport Director
Security Level: Email, Account Authentication
(None)

Signature



Signature Adoption: Uploaded Signature Image
Using IP Address: 165.234.252.235

Timestamp

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Signed: 10/5/2022 10:07:40 AM

Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Janelle Combs
jcombs@bismarcknd.gov
City Attorney
City of Bismarck
Security Level: Email, Account Authentication
(None)



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Electronic Record and Signature Disclosure:
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Dmitriy Chernyak
dchernyak@bismarcknd.gov
City of Bismarck
Security Level: Email, Account Authentication
(None)



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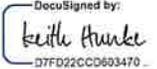
Keith Hunke
khunke@bismarcknd.gov
City Administrator
Administrator
Security Level: Email, Account Authentication
(None)



Signature Adoption: Pre-selected Style
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Electronic Record and Signature Disclosure:
Not Offered via DocuSign

Signer Events	Signature	Timestamp
<p>Jason Tomanek jtomanek@bismarcknd.gov Asst City Administrator City of Bismarck Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p>Completed</p> <p>Using IP Address: 165.234.252.11</p>	<p>Sent: 10/6/2022 8:18:37 AM Viewed: 10/11/2022 5:24:50 PM Signed: 10/11/2022 5:24:52 PM</p>
<p>Michael T Schmitz mschmitz@bismarcknd.gov President Board of Commissioners/Mayor City of Bismarck Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p> Signature Adoption: Drawn on Device Using IP Address: 174.213.245.220 Signed using mobile</p>	<p>Sent: 10/11/2022 5:25:03 PM Viewed: 10/12/2022 7:25:51 AM Signed: 10/12/2022 7:26:06 AM</p>
<p>Keith Hunke khunke@bismarcknd.gov City Administrator Administrator Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p> Signature Adoption: Pre-selected Style Using IP Address: 165.234.252.11</p>	<p>Sent: 10/12/2022 7:26:16 AM Viewed: 10/12/2022 7:58:00 AM Signed: 10/12/2022 7:59:15 AM</p>
In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
<p>Fiscal Services fiscalservices@bismarcknd.gov Security Level: Email, Account Authentication (None) Electronic Record and Signature Disclosure: Not Offered via DocuSign</p>	<p></p>	<p>Sent: 10/12/2022 7:59:19 AM</p>
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	10/4/2022 6:58:28 PM
Certified Delivered	Security Checked	10/12/2022 7:58:00 AM
Signing Complete	Security Checked	10/12/2022 7:59:15 AM
Completed	Security Checked	10/12/2022 7:59:19 AM
Payment Events	Status	Timestamps



May 6, 2024

Mr. Greg Haug
Airport Director
Bismarck Municipal Airport
PO Box 991
Bismarck, ND 58502

Dear Mr. Haug:

I am writing to request a change to the already approved development agreement's hangar size from 120' X 260' to 120' X 280'.

Executive Air Taxi Corporation has been requesting and needing to build a large hangar at the Bismarck Airport for years. We watched while others have built hangars. We need this hangar for ourselves and to meet customer demand.

Our proposed hangar will be the largest single span hangar in the upper Midwest. It will maximize the land lease footprint available at the proposed site, and it will maximize not only the lease revenue income for the airport but also increase the property value tax base.

The Bismarck Airport staff has worked hard for many decades on a master plan to develop the entire layout of the GA ramp area, this building project is part of that plan. It will replace our small and outdated hangar #38 and further modernize the amenities at the Bismarck Airport.

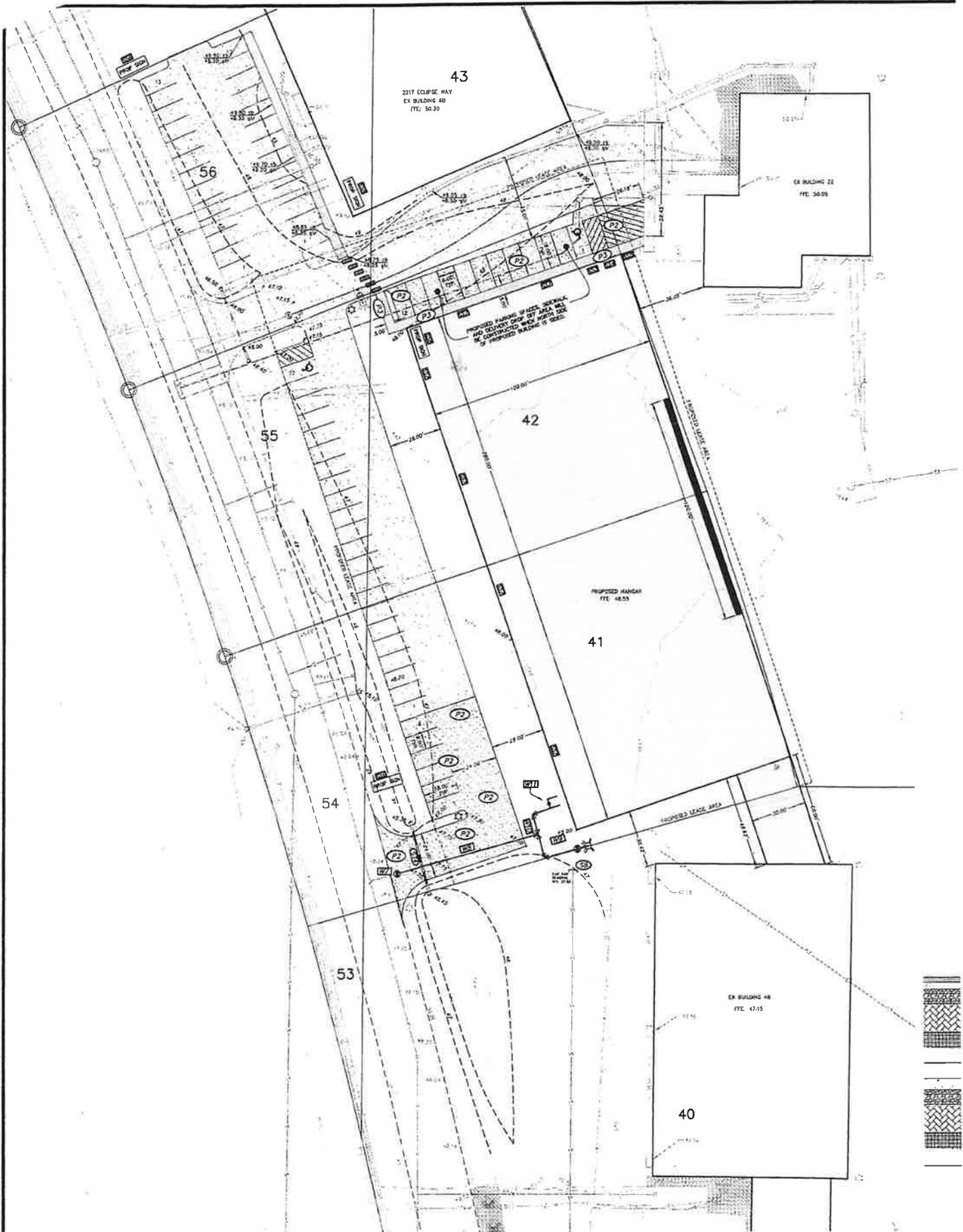
Executive Air Taxi Corporation has been a tenant at the Bismarck Airport for over 50 years and is locally owned and operated. We provide executive charter services (turboprop and jet), EMS air ambulance fixed wing and helicopter services, aircraft maintenance, avionics sales and service, parts and accessories, custom upholstery, flight training and aircraft rental, aircraft refueling and complete 24 hour service, aircraft management and more.

I look forward to your response.

Sincerely,

A handwritten signature in black ink that reads 'Paul Vetter'.

Paul Vetter, COO



WARRANTY / DISCLAIMER
 The design represented in these plans are in accordance with established practices of the engineering profession. Sweisdon, Hopson & Co. Inc. does not warrant the accuracy of the information shown on these plans or the results of any construction based on these plans. The engineer does not warrant the accuracy of the information shown on these plans or the results of any construction based on these plans.

SAFETY NOTICE TO CONTRACTOR
 In accordance with generally accepted construction practices the contractor shall be solely and completely responsible for conditions of the job site, including safety of all persons and property during performance of the work. The contractor shall verify conditions and not be limited to those shown on these plans.

NOTICE TO CONTRACTOR
 The location of existing underground utilities are shown in an approximate way and have not been independently verified by the owner or its representatives. The Contractor shall determine the exact location of all existing utilities before commencing work, and agree to be fully responsible for any and all damages which might be incurred by the Contractor's failure to verify location and presence any of all underground utilities.

CALL BEFORE YOU DIG
 NORTH DAKOTA
 UTILITIES UNDERGROUND LOCATION SERVICE
 1-800-795-0555

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Airport

DATE: May 28, 2024

FROM: Greg Haug, Airport Director

ITEM: To go into executive session under NDCC 44-04-19.2 to receive attorney consultation regarding an imminent lawsuit.

REQUEST:

To go into executive session under NDCC 44-04-19.2 to receive attorney consultation regarding an imminent lawsuit.

BACKGROUND INFORMATION:

The City has been proceeding regarding a construction contract default and retained outside counsel. This is to receive the attorney's advice regarding and in anticipation of reasonably predictable or pending civil litigation proceeding and to receive its attorney's advice and guidance on the legal risks, strengths, and weaknesses of an action of a public entity which, if held in public, would have an adverse fiscal effect on the entity.

RECOMMENDED CITY COMMISSION ACTION:

Adjourn into executive session under NDCC 44-04-19.2(2) to receive attorney consultation regarding imminently pending construction contract litigation.

STAFF CONTACT INFORMATION:

Tim Thorsen, Assistant Airport Director, 701-355-1806, tthorsen@bismarcknd.gov

ATTACHMENTS:

None