



Administration Department

DATE: May 14, 2024

FROM: Jason Tomanek, City Administrator

ITEM: Application for a new Class C-2: Hotel or Motel Alcohol License

REQUEST:

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.

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:

Staff recommends approval of the introduction of and call for 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.

Staff also recommends approval of the new Class C-2: Hotel or Motel Alcohol 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		D-Sale at Retail of Alcoholic Beverages \$4,100.00	
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	
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	
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	
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	
U-Domestic Distillery \$800.00						T-Senior Living Community \$350.00	

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

