



Administration Department

DATE: June 25, 2024

FROM: Douglas Wiles, Assistant City Administrator

ITEM: Liquor License Renewals

REQUEST:

Approval of liquor license renewal applications.

BACKGROUND INFORMATION:

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

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
- Mongrill Holdings, Inc. (dba) Bismarck HuHot Mongolian Grill - 409 South 3rd Street
- Bismarck Lodge #302 Loyal Order of Moose (dba) Bismarck Moose Lodge 302 - 312 North 20th Street
- Chinatown Buffet, Inc. (dba) Chinatown Buffet - 330 Riverwood Drive
- Jack's Inc. (dba) Jack's Steakhouse and Seafood - 1201 South 12th Street
- John's Meat Market, Inc. (dba) John's Meat Market, Inc. - 928 East Interstate Avenue
- Lander's Interstate Service, Inc. (dba) Lander's Shell - 2210 North 12th Street
- Humpback Sally's, LLC. (dba) LÜFT - 510 East Main Avenue
- TBM Group, LLC. (dba) Main Bar & Package Store - 804 East Main Avenue
- Obrian's, Inc. (dba) Obrian's - 1059 East Interstate Avenue
- Paradiso of Bismarck, Inc. (dba) Paradiso - 2620 State Street
- Pirogue Grille, Inc. (dba) Pirogue Grille - 121 North 4th Street
- TBM Group, LLC. (dba) Polar Package Place / Lucky's Bar - 2150 East Thayer Avenue
- E N T Sports, Inc. (dba) Stadium Sports Bar & The Lodge - 1247 West Divide Avenue
- 'Nickels and Dimes Incorporate' (dba) Tilt Studio - 600 South 5th Street
- Touchmark on West Century, LLC. (dba) Touchmark on West Century - 1000 West Century Avenue
- Williquors, Inc. (dba) Williquors, Inc. - 3025 Yorktown Drive

- NHS, LLC. (dba) Wingate by Wyndham Bismarck - 1421 Skyline Blvd

RECOMMENDED CITY COMMISSION ACTION:

Approve the liquor license renewals.

STAFF CONTACT INFORMATION:

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

ATTACHMENTS:

1. Amvets Post No. 9
2. Bismarck Huhot Mongolian Grill
3. Bismarck Moose Lodge 302
4. Chinatown Buffet Application
5. Jacks Steakhouse
6. Johns Meat Market
7. Landers Shell
8. LUFT
9. Main Bar and Package Store
10. Obrians Sports Bar
11. Paradiso
12. Pirogue Grille
13. Polar Package and Luckys Bar
14. Stadium Sports Bar and The Lodge
15. Tilt Studio
16. Touchmark
17. Williquors
18. Wingate by Wyndham Bismarck

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.

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

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.:*

[Redacted]

State Issued:*

North Dakota

Gender:

Female

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

North Dakota

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:*

Phil Miller

Date of Birth:*

[Redacted]/1950

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

North Dakota

Gender:

Male

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

North Dakota

Zip:*

58503

Phone No.:*

[Redacted]

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:

[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:*

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.*

Electronic Signature

Date:*

5/7/2024

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

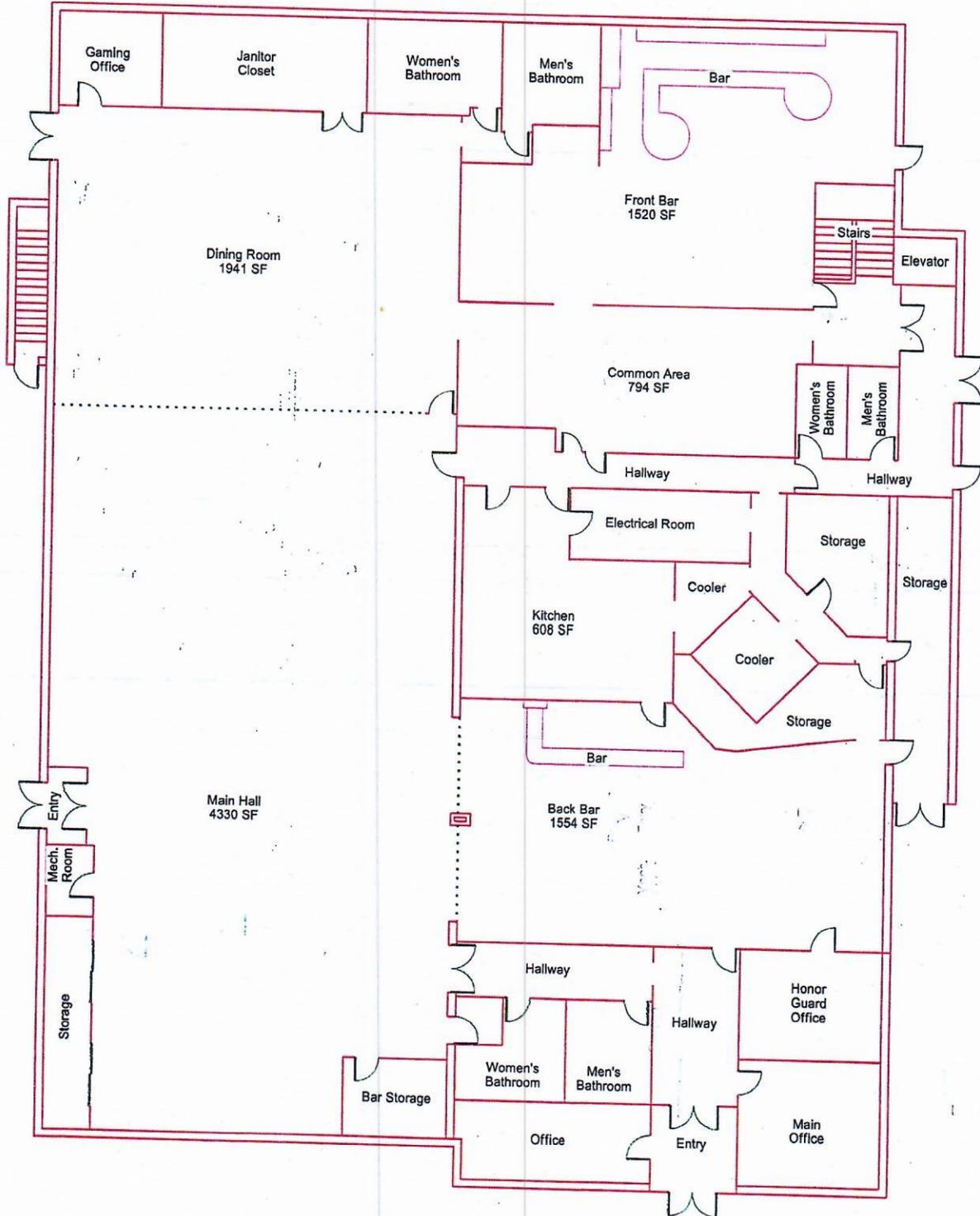
Choose File No file chosen

Mail Payments To:

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

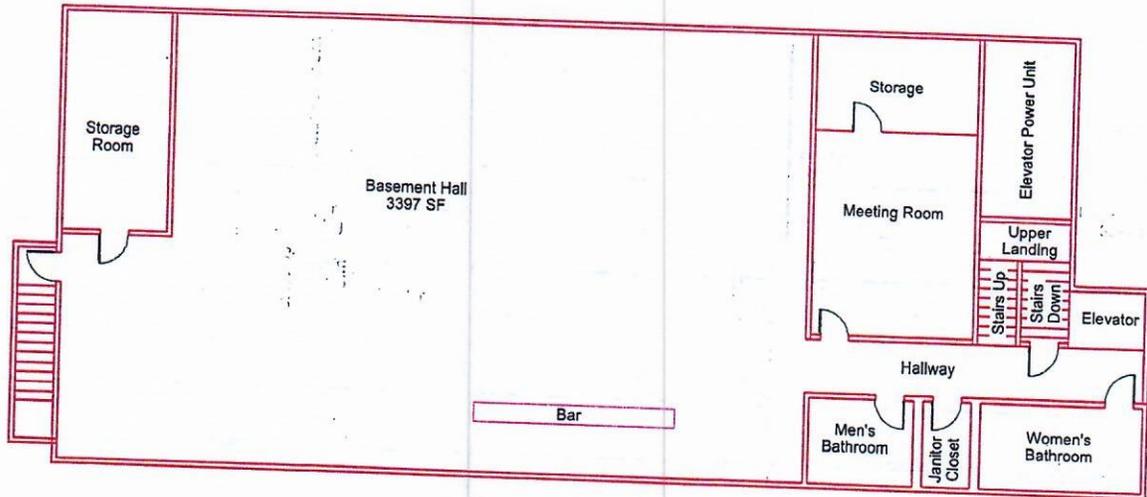
AMVETS Building Layout

2402 Railroad Ave
Bismarck, ND 58501



AMVETS Basement Layout

2402 Railroad Ave
Bismarck, ND 58501



Print

Retail Alcohol Beverage License - Submission #23399

Date Submitted: 6/12/2024



License Information:

Application Type*

Renewal ▼

License Type*

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

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

Location Information:

Legal Business Name:*

Mongrill Holdings, Inc.

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

Bismarck HuHot Mongolian Grill

Date of Incorporation:*

12/19/2014

State of ND Liquor License No.:

AW-00979

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

- Yes
- No
- N/A

Location Address:*

409 S 3rd St

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

701-751-2800

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

Brett Itterman

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Annette Moss

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Fargo

State:*

ND

Zip:*

58107

Phone No.:*

[REDACTED]

Manager's Name:*

Jason Locken

Date of Birth:*

[REDACTED]/1977

Percentage of Ownership:*

0

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Male

Race:

Home Address:*

[Redacted]

City:*

Mandan

State:*

ND

Zip:*

58554

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:*

Brett Itterman

Date of Birth:*

[Redacted]

Percentage of Ownership:*

10

Driver's License No.:*

ND [Redacted]

State Issued:*

ND

Gender:

Male

Race:

Home Address:*

[Redacted]

City:*

West Fargo

State:*

ND

Zip:*

58078

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President/CEO

Name:

Date of Birth:

**Percentage of
Ownership:**

See Attached - No Change in 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.

AttachmentLiquorLicenseHHBismarck.doc

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 HuHot Mongolian Grill & 46 North Pints & Provisions (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:

Restaurant Operations

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:

2024.05.14 MH BIS 2023 Office of State Tax Commissioner Sales Tax.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:*

Attachment Bismarck Alcohol Beverage License 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:*

Brett Itterman



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

Electronic Signature

Date:*

6/12/2024

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



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

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: Bismarck Moose Lodge 302		Date of Incorporation: 1951	State Business ID Number: 45-0228689	
Doing Business As (DBA) Name, if Applicable:		If out of state corporation, is corporation registered in North Dakota? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		
Location Address: 312 N 20th Street	City: Bismarck	State: ND	Zip: 58501	Phone Number: 701-224-8326
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Thomas J St Peter				

Contact Information (Where correspondence is to be sent):				
Primary Contact: Thomas J St Peter		Phone Number: [REDACTED]	Email Address: [REDACTED]	
Mailing Address: [REDACTED]		City: Bismarck	State: ND	Zip: 58501

Manager's Name: Amy Gieser		Date of Birth: [REDACTED] 1972	Percentage of Ownership: 0	
Driver's License Number: [REDACTED]		State Issued: ND	Gender: F	Race: White
Home Address: [REDACTED]		City: Bismarck	State: ND	Zip: 58504
Occupation: Bar Manager	Phone Number: [REDACTED]	Title: Manager	Email Address: [REDACTED]	

List all officers or directors of corporation or partners and percentage of ownership:

Name: Danny Hugelen		Date of Birth: [REDACTED]/1970	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: White
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58504
Occupation: Salesman	Phone Number: [REDACTED]	Title: Past President	Email Address: [REDACTED]

Name: Thomas J St Peter		Date of Birth: [REDACTED]/1962	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: White
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58501
Occupation: Landman	Phone Number: [REDACTED]	Title: Administrator	Email Address: [REDACTED]

Name: Brent Schmitt		Date of Birth: [REDACTED]/1982	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: White
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58501
Occupation: purchasing	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

Name: Jody Hugelen		Date of Birth: [REDACTED]/1965	Percentage of Ownership: 0
Driver's License Number: [REDACTED]	State Issued: ND	Gender: F	Race: White
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58504
Occupation: Administrative Assistant	Phone Number: [REDACTED]	Title: Chaplain	Email Address: [REDACTED]

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>
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<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 checked="" type="checkbox"/> No</p>	<p>If yes, please give details:</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 type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, please give details:</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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>	<p>If yes, please give details:</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

Date 6/6/24

Thomas J. St. Peter / Administrator

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 _____

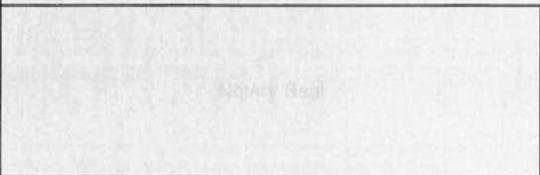
Transfer Applicant Signature _____

State of _____

Subscribed and sworn to before me this _____

County of _____

day of _____



Notary Public _____

My Commission Expires _____

Smack
se Lodge 302

Site Diagram

60 ft.



100 ft.

60 ft.



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>Chinatown Buffet</i>		Date of Incorporation: <i>6/1/2015</i>	State Business ID Number: <i>39120300</i>
Doing Business As (DBA) Name, if Applicable: <i>Chinatown Buffet, znc.</i>		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: <i>330 Riverwood Dr.</i>	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58504</i>
Phone Number: <i>701 222 1688</i>			
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <i>Jimmy Ni (Manager)</i>			

Contact Information (Where correspondence is to be sent):

Primary Contact: <i>Jimmy Ni</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>Jimmy Ni</i>		Date of Birth: <i>[REDACTED] 1/1989</i>	Percentage of Ownership: <i>0% OR N/A</i>
Driver's License Number: [REDACTED]	State Issued: <i>02/09/2021</i>	Gender: <i>M</i>	Race: <i>Asian</i>
Home Address: [REDACTED]	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58503</i>
Occupation: <i>chef, cashier</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: Zeng Jin ke		Date of Birth: [REDACTED] / 1964	Percentage of Ownership: 100%
Driver's License Number: [REDACTED]	State Issued: 10/16/2020	Gender: M	Race: Asian
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 58503
Occupation: owner/chef	Phone Number: [REDACTED]	Title: President	Email Address: N/A

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 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.

[Handwritten Signature]

Signature of Applicant

6/18/24
Date

Jimmy N.

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

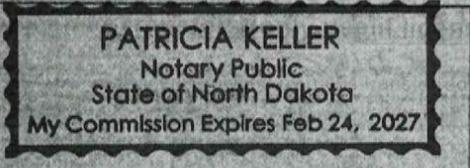
Transfer Applicant Signature

ND
State of

Subscribed and sworn to before me this 6/18/24

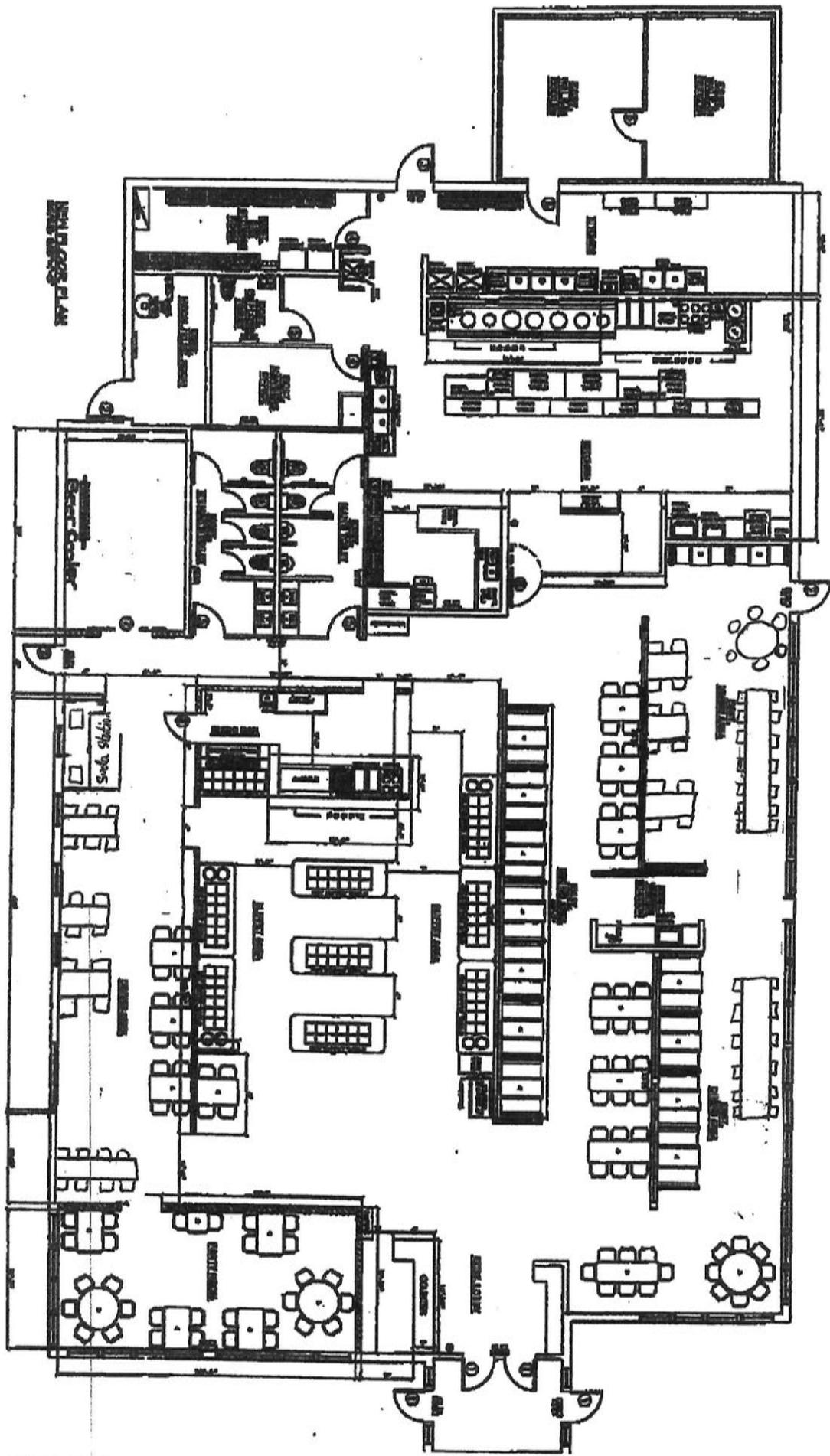
Burleigh
County of

day of _____



Patricia Keller
Notary Public

2/24/27
My Commission Expires



STOVE

Soda Station

SEATING

RESTAURANT

Print

Retail Alcohol Beverage License - Submission #23337

Date Submitted: 6/8/2024



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:*

Jacks Inc

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

Jacks Steakhouse and Seafood

Date of Incorporation:*

october 6th1996

State of ND Liquor License No.:

ND

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

- Yes
- No
- N/A

Location Address:*

1201 South 12 Street

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

7014260078

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

Jack Humble Owner

Contact Information (Where correspondence is to be sent):

Primary Contact:*

jack humble

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

58504

State:*

ND

Zip:*

58504

Phone No.:*

[REDACTED]

Manager's Name:*

Jack Humble

Date of Birth:*

[REDACTED]/1976

Percentage of Ownership:*

75%

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:

President

Email Address:

[Redacted]

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

Name:

Allison Humble

Date of Birth:

[Redacted]/1978

Percentage of Ownership:

0

Driver's License No.:

[Redacted]

State Issued:

ND

Gender:

Female

Race:

white

Home Address:

[Redacted]

City:

bismarck

State:

ND

Zip:

58504

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

VP

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Jennifer humble

[Redacted]/1980

25

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

female

white

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Secretary

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Allison Humble

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:

2024 Alcohol Permit Letter.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:*

Jacks Builing Layout for License.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:*

Jack Humble

//

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

Date:*

6/8/2024

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

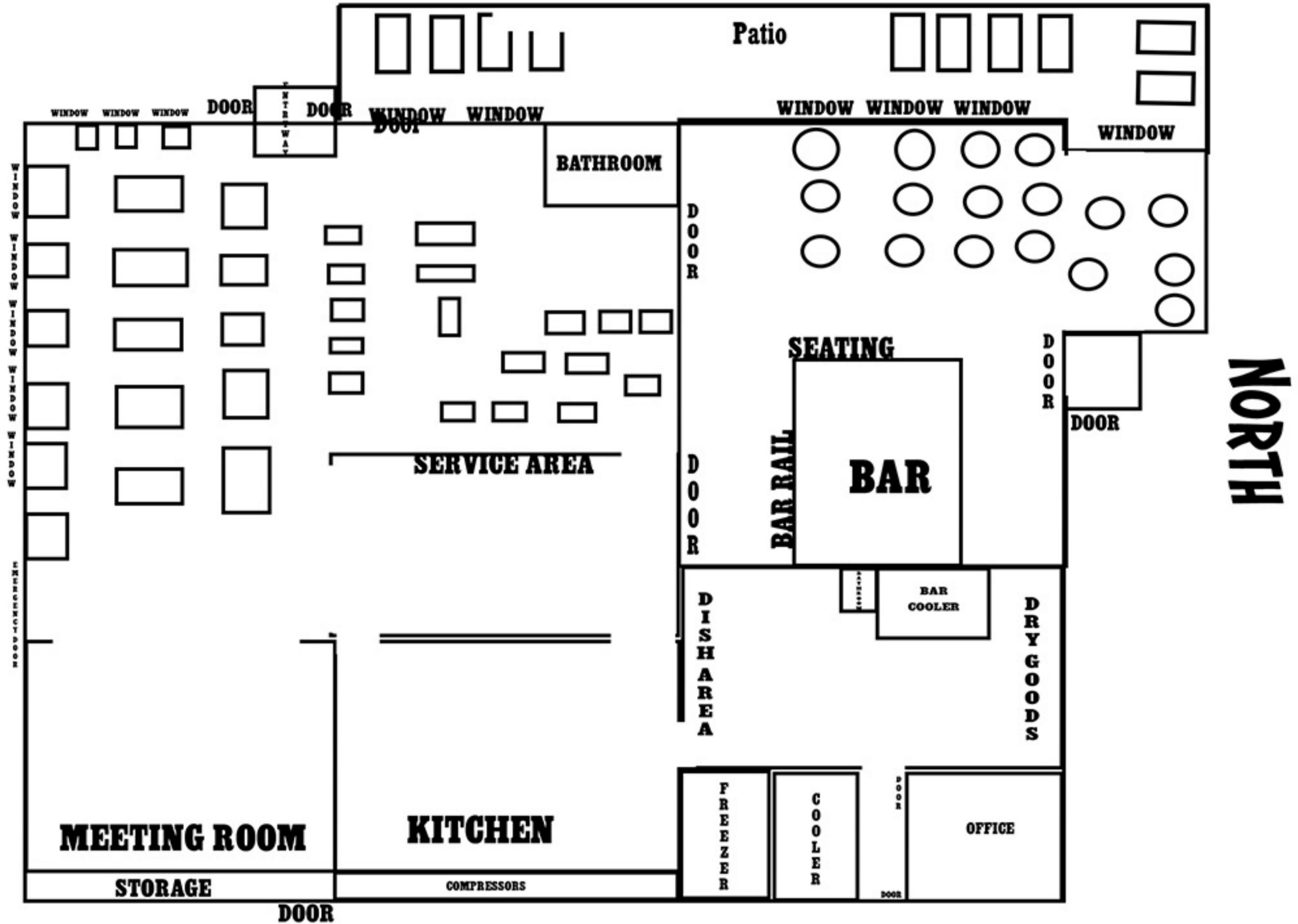
[Credit Card Authorization Form](#)

Cc authorize.pdf

Mail Payments To:

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

JACK'S STEAKHOUSE & SEAFOOD



Print

Retail Alcohol Beverage License - Submission #23251

Date Submitted: 6/3/2024



License Information:

Application Type*

Renewal ▼

License Type*

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

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

Location Information:

Legal Business Name:*

John's Meat Market Inc

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

John's Meat Market Inc

Date of Incorporation:*

7-15-1965

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:*

928 E Interstate Ave

City:*

Bismarck

State:*

North Dakota

Zip:*

58503

Phone No.:*

7012265132

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:*

Wade French

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

BISMARCK

State:*

ND

Zip:*

58502

Phone No.:*

[REDACTED]

Manager's Name:*

wade french

Date of Birth:*

[REDACTED] 73

Percentage of Ownership:*

50.05

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Race:

Home Address:*

[Redacted]

City:*

BISMARCK

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

President

Email Address:*

[Redacted]

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

Name:*

Brandi Lynch

Date of Birth:*

[Redacted] 73

Percentage of Ownership:*

49.95

Driver's License No.:*

[Redacted]

State Issued:*

North Dakota

Gender:

Race:

Home Address:*

[Redacted]

City:*

bismarck

State:*

North Dakota

Zip:*

58501

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Vice 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:

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:*

RETAIL FLOORPLAN.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:*

Wade French



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

Electronic Signature

Date:*

6/3/2024

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

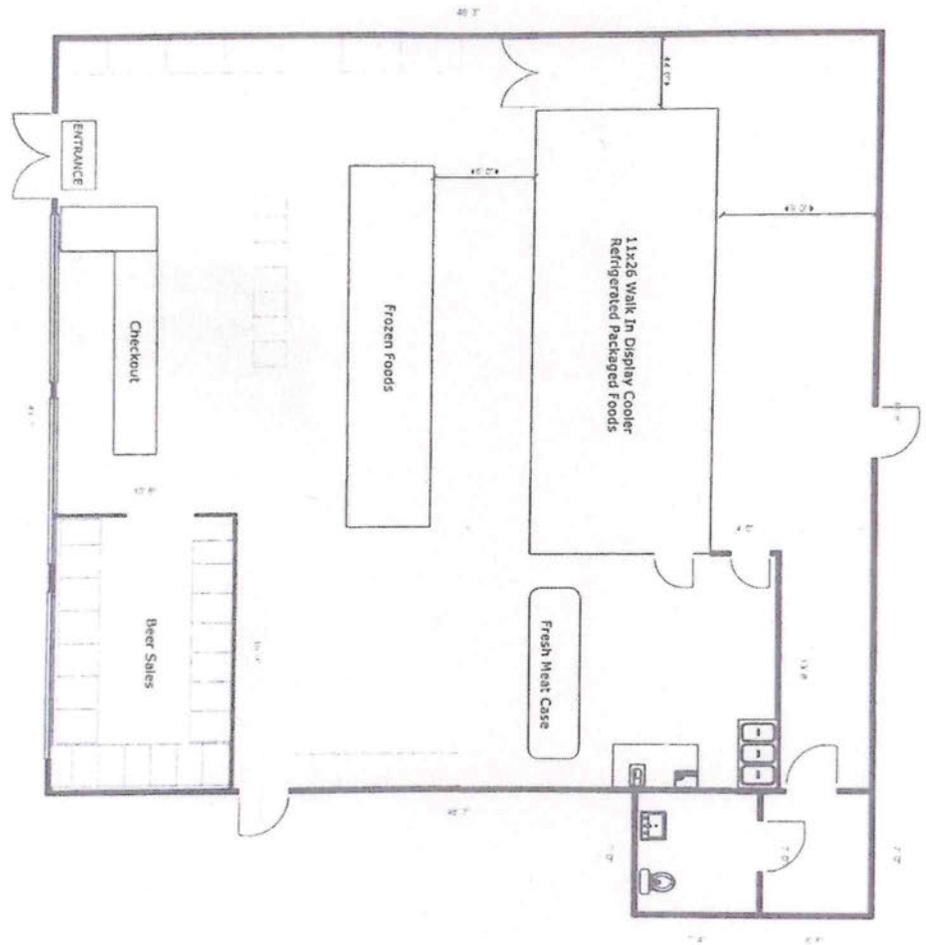
Credit Card Authorization_5.25.2023.pdf

Mail Payments To:

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

John's Meat Market, Inc
528 E Interstate Ave
Bismarck, ND 58503

NORTH





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 checked="" 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: <i>LANDERS INTERSTATE SERVICE, INC</i>		Date of Incorporation: <i>1-2-89</i>	State Business ID Number: <i>40374</i>
Doing Business As (DBA) Name, if Applicable: <i>LANDERS SHELL</i>		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Location Address: <i>2210 N 12TH ST</i>	City: <i>BISMARCK</i>	State: <i>ND</i>	Zip: <i>58501</i>
		Phone Number: <i>(701) 255-2744</i>	
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <i>KEVIN J. LANDERS PRES</i>			

Contact Information (Where correspondence is to be sent):

Primary Contact: <i>KEVIN J. LANDERS</i>	Phone Number: [REDACTED]	Email Address: [REDACTED]	
Mailing Address: [REDACTED]	City: <i>BISMARCK</i>	State: <i>ND</i>	Zip: <i>58502</i>

Manager's Name: <i>ERICA L. LANDERS</i>		Date of Birth: [REDACTED]-83	Percentage of Ownership: <i>25%</i>
Driver's License Number: [REDACTED]	State Issued: <i>ND</i>	Gender: <i>FEMALE</i>	Race: <i>WHITE</i>
Home Address: [REDACTED]	City: <i>BISMARCK</i>	State: <i>ND</i>	Zip: <i>58503</i>
Occupation: <i>SMALL BUSINESS</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: <i>KEVIN J. LANDEN</i>		Date of Birth: [REDACTED] 56	Percentage of Ownership: 37.5%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: MALE	Race: WHITE
Home Address: [REDACTED]	City: BISMARCK	State: ND	Zip: 58503
Occupation: SMALL BUSINESS	Phone Number: [REDACTED]	Title: PRES	Email Address: [REDACTED]

Name: <i>MARGO E. LANDEN</i>		Date of Birth: [REDACTED] 53	Percentage of Ownership: 37.5%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: FEMALE	Race: WHITE
Home Address: [REDACTED]	City: BISMARCK	State: ND	Zip: 58503
Occupation: SMALL BUSINESS	Phone Number: [REDACTED]	Title: V. PRES.	Email Address: [REDACTED]

Name: <i>ERIKA L. LANDEN</i>		Date of Birth: [REDACTED] 83	Percentage of Ownership: 25%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: FEMALE	Race: WHITE
Home Address: [REDACTED]	City: BISMARCK	State: ND	Zip: 58503
Occupation: SMALL BUSINESS	Phone Number: [REDACTED]	Title: MANAGER	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:

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:

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

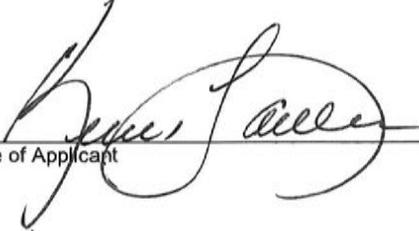
If no, please give details:

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

6-4-24

Date

KEVIN J. LANDERS 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

State of

Subscribed and sworn to before me this _____

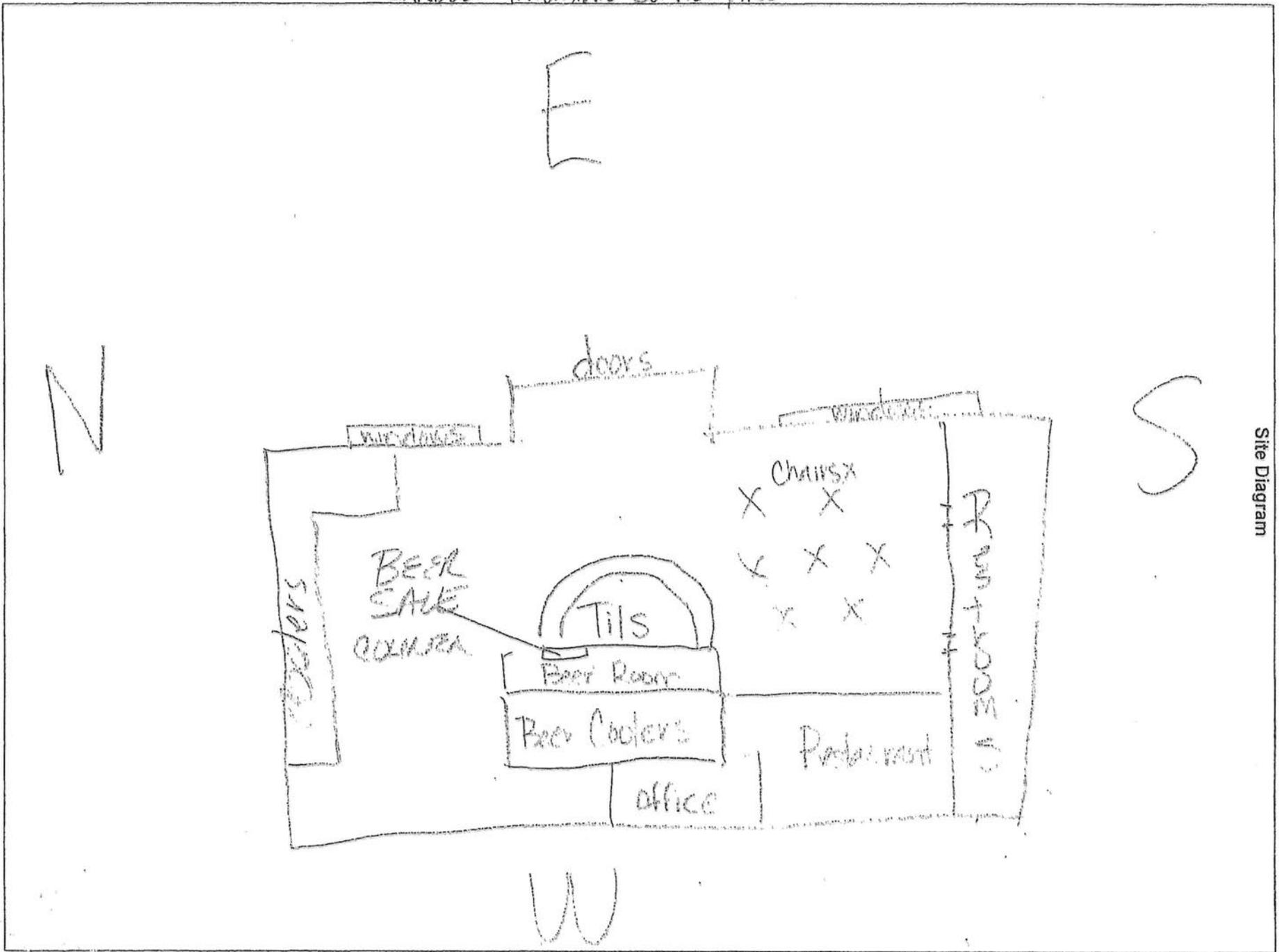
County of

day of _____

Notary Public

My Commission Expires

Landers Interstate Service, Inc



Site Diagram

Print

Retail Alcohol Beverage License - Submission #23345

Date Submitted: 6/9/2024



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:*

Humpback Sally's LLC

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

LÜFT

Date of Incorporation:*

11/22/2011

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:*

510 East Main Avenue

City:*

Bismarck

State:*

North Dakota

Zip:*

58501

Phone No.:*

612-669-1320

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

Anne Becker, Executive General Manager and Managing Member

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Anne Becker

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Manager's Name:*

Anne Becker

Date of Birth:*

[Redacted]/1969

Percentage of Ownership:*

20.1

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Female

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

Managing Member

[Redacted]

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

Name:

Date of Birth:

Percentage of Ownership:

Ricky Becker

[Redacted]/1964

79.9

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

Male

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58503

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Managing Member

[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.

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:

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:*

Floorplan for Liquor License 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:*

Anne Becker

//

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

Date:*

6/9/2024

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

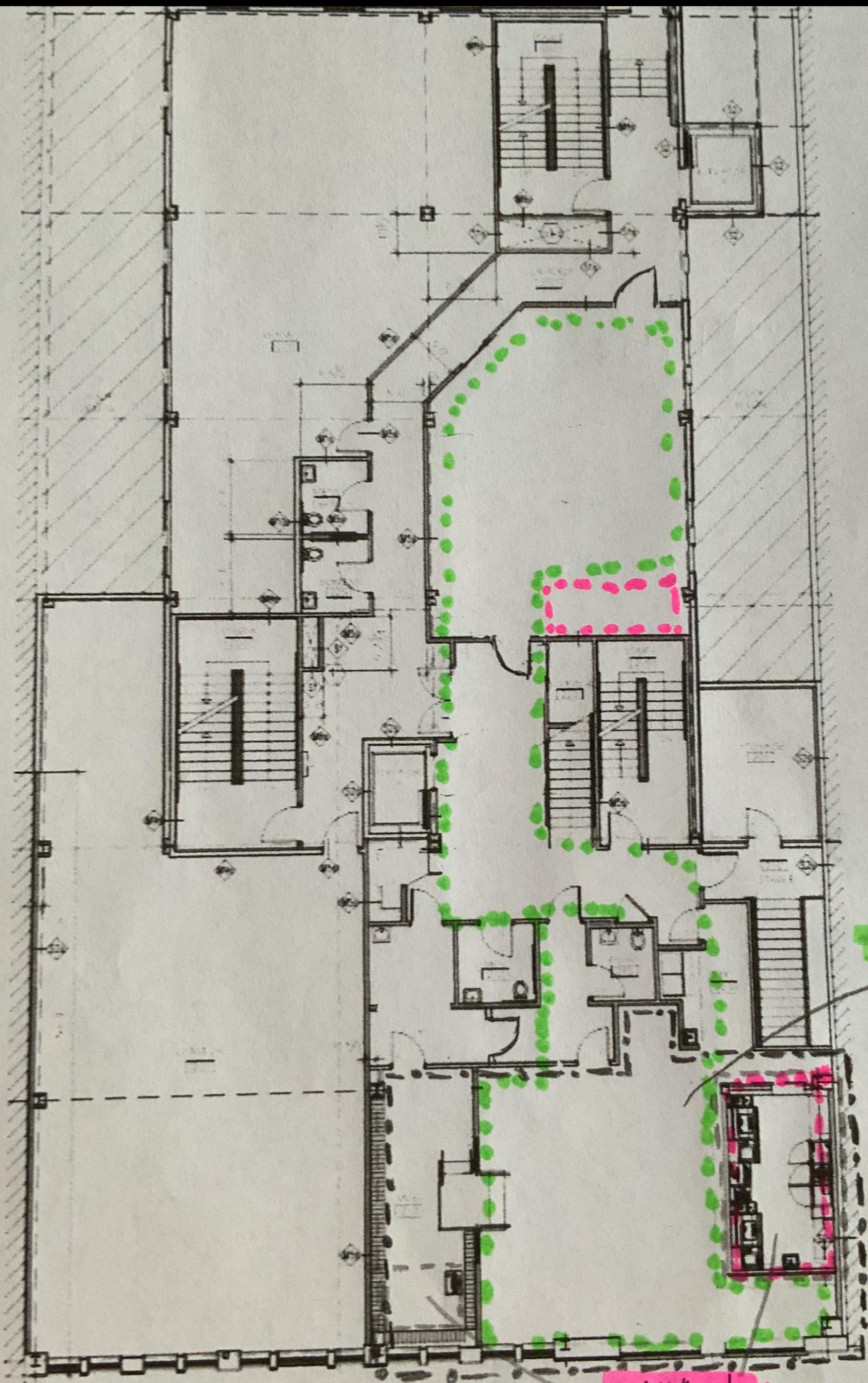
[Credit Card Authorization Form](#)

Choose File

No file chosen

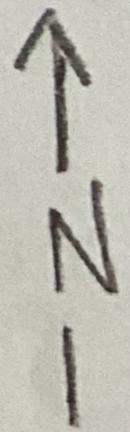
Mail Payments To:

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

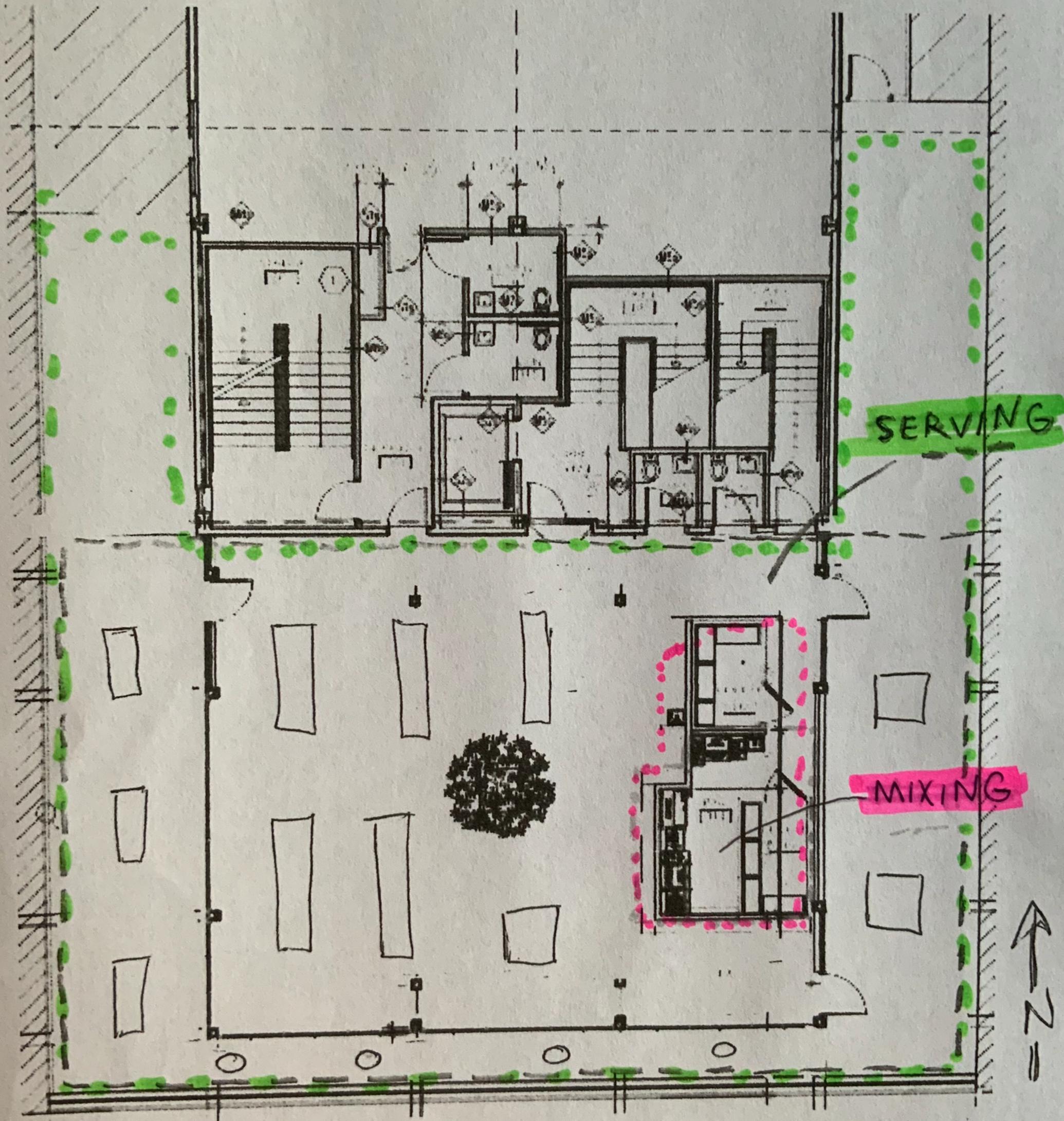


SERVING

MIXING



2nd Floor Humpback Sally's



3rd Floor HumpBACK SALLY's, LLC

Print

Retail Alcohol Beverage License - Submission #23390

Date Submitted: 6/12/2024



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
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- Class E: Sale at Retail of Beer Only - \$800
- Class F-1: Restaurant - Alcoholic Beverages - \$3,500
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- Class G: Catered Retail Beer, Wine, & Liquor - \$650
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- 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:*

TBM Group LLC

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

Main Bar and Package Store

Date of Incorporation:*

07-17-2020

State of ND Liquor License No.:

312896

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

- Yes
- No
- N/A

Location Address:*

804 E Main Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7012588770

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

Jeff Jonson

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Jeff Jonson

Email Address:*

[Redacted]

Mailing Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Manager's Name:*

Jeff Jonson

Date of Birth:*

[Redacted]/1963

Percentage of Ownership:*

100

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:*

owner

Email Address:*

[Redacted]

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

Name:*

Jeff Jonson

Date of Birth:*

[Redacted]/1963

Percentage of Ownership:*

100

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:*

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:

[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

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- Yes
- No

If no, please explain:

[Empty text box for explanation]

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- No

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[Empty text box for convictions]

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- No

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- Yes
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If yes please, give details:

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- Yes
- No
- N/A

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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:*

Main floor plan for alcohol license.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:*

Jeff Jonson

//

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

Date:*

6/12/2024

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](#)

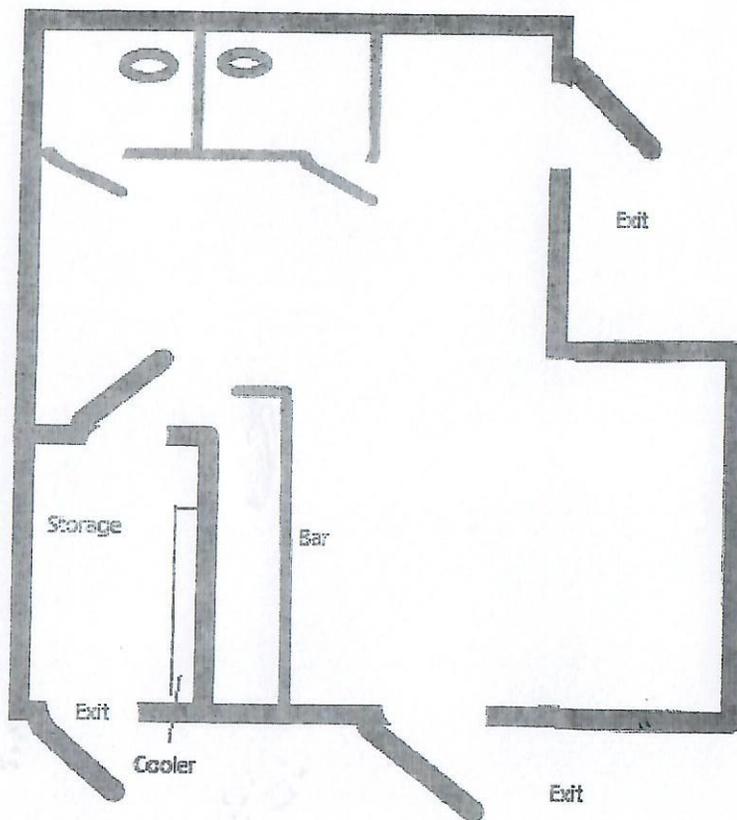
No file chosen

Mail Payments To:

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

North

Main Bar





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 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: <i>OBRIAN'S INC</i>	Date of Incorporation: <i>1995</i> State Business ID Number: <i>73644315</i>
Doing Business As (DBA) Name, if Applicable: <i>OBRIAN'S</i>	If out of state corporation, is corporation registered in North Dakota? <i>NA</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
Location Address: <i>1057 E. INTERSTATE AVE</i>	City: <i>Bismarck</i> State: <i>ND</i> Zip: <i>58504</i> Phone Number: <i>701-258-5700</i>
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): <i>Bill Aikson</i>	

Contact Information (Where correspondence is to be sent):			
Primary Contact: <i>Bill Aikson</i>	Phone Number: [REDACTED]	Email Address: [REDACTED]	
Mailing Address: [REDACTED]	City: <i>Bismarck</i>	State: <i>ND</i>	Zip: <i>58504</i>

Manager's Name: <i>Darlene Schmidt</i>	Date of Birth: [REDACTED] -1968	Percentage of Ownership: <i>0</i>	
Driver's License Number: [REDACTED]	State issued: <i>ND</i>	Gender: <i>M</i>	Race: <i>C</i>
Home Address: [REDACTED]	City:	State:	Zip: <i>58503</i>
Occupation: <i>BAR MGR</i>	Phone Number: [REDACTED]	Title: <i>Manager</i>	Email Address: [REDACTED]

ecm

List all officers or directors of corporation or partners and percentage of ownership:

Name: <i>William Hixson</i>		Date of Birth: [REDACTED]-1950	Percentage of Ownership: 51%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: M	Race: C
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip:
Occupation: <i>Bar Owner</i>	Phone Number: [REDACTED]	Title: <i>Pres</i>	Email Address: [REDACTED]

Name: <i>Mary Zarobetz</i>		Date of Birth: [REDACTED]-1956	Percentage of Ownership: 44%
Driver's License Number: [REDACTED]	State Issued: ND	Gender: F	Race: C
Home Address: [REDACTED]	City: Bismarck	State: ND	Zip: 5850
Occupation: <i>Retired</i>	Phone Number: [REDACTED]	Title: <i>Secy</i>	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? <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? <i>NA</i> <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details: <i>HIXSON - SPORTS PAGE - BIS</i> <i>SIDELINES - BIS</i>
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:

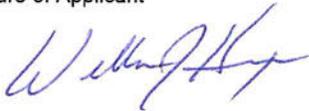
Signature:

- 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



Date

5-28-2024

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 _____

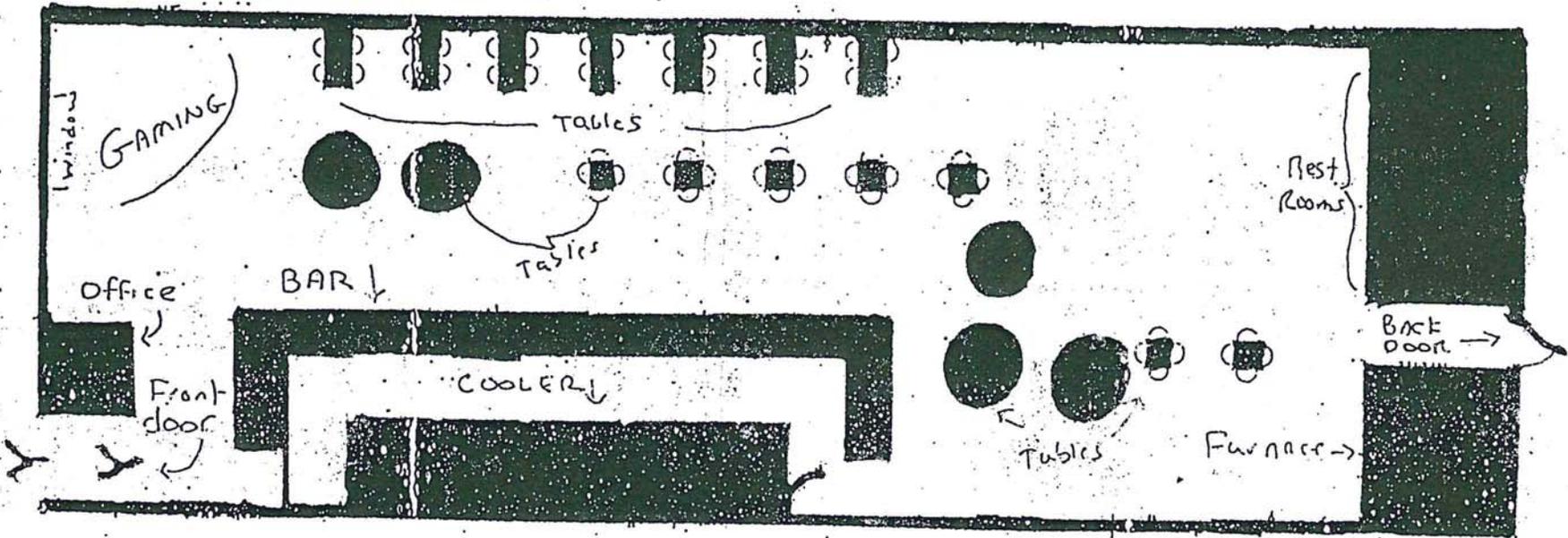
Notary Public

My Commission Expires

N ↑

O'BRIAN'S

1059 E INTERSTATE AVE.



Please retain this page
in the active file upstairs!

Print

Retail Alcohol Beverage License - Submission #23367

Date Submitted: 6/11/2024



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:*

Paradiso of Bismarck

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

Paradiso

Date of Incorporation:*

10/23/1979

State of ND Liquor License No.:

AA-02188

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

- Yes
- No
- N/A

Location Address:*

2620 State St

City:*

BISMARCK

State:*

ND

Zip:*

58501

Phone No.:*

7012241111

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

Fredoon Anvary - Owner

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Jake Woinarowicz

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Fargo

State:*

ND

Zip:*

58106

Phone No.:*

[REDACTED]

Manager's Name:*

Jake Woinarowicz

Date of Birth:*

[REDACTED]/1980

Percentage of Ownership:*

0%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

W

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:*

FREDOON ANVARY

Date of Birth:*

[Redacted]/1941

Percentage of Ownership:*

30%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

W

Home Address:*

[Redacted]

City:*

Fargo

State:*

ND

Zip:*

58103

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Owner

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Greg Pung

[Redacted]/1953

0%

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

MN

M

W

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Fargo

ND

58106

[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:

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

2875.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:

Fredoon Anvary also has interests in the following licensed liquor establishments:

Mexican Foods of Fargo LLC d/b/a/ Paradiso of Fargo

Mexican Foods of Grand Forks LLC d/b/a Paradiso of Grand Forks

Mexican Foods of Jamestown LLC d/b/a Paradiso of Jamestown

Sergios of Minot d/b/a Paradiso of Minot

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:

Fredoon Anvary has interests in Restaurants, Real Estate, and Stock Trading.

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:

2876.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:*

2877.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:*

Fredoon Anvary

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

Electronic Signature

Date:*

6/11/2024

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](#)

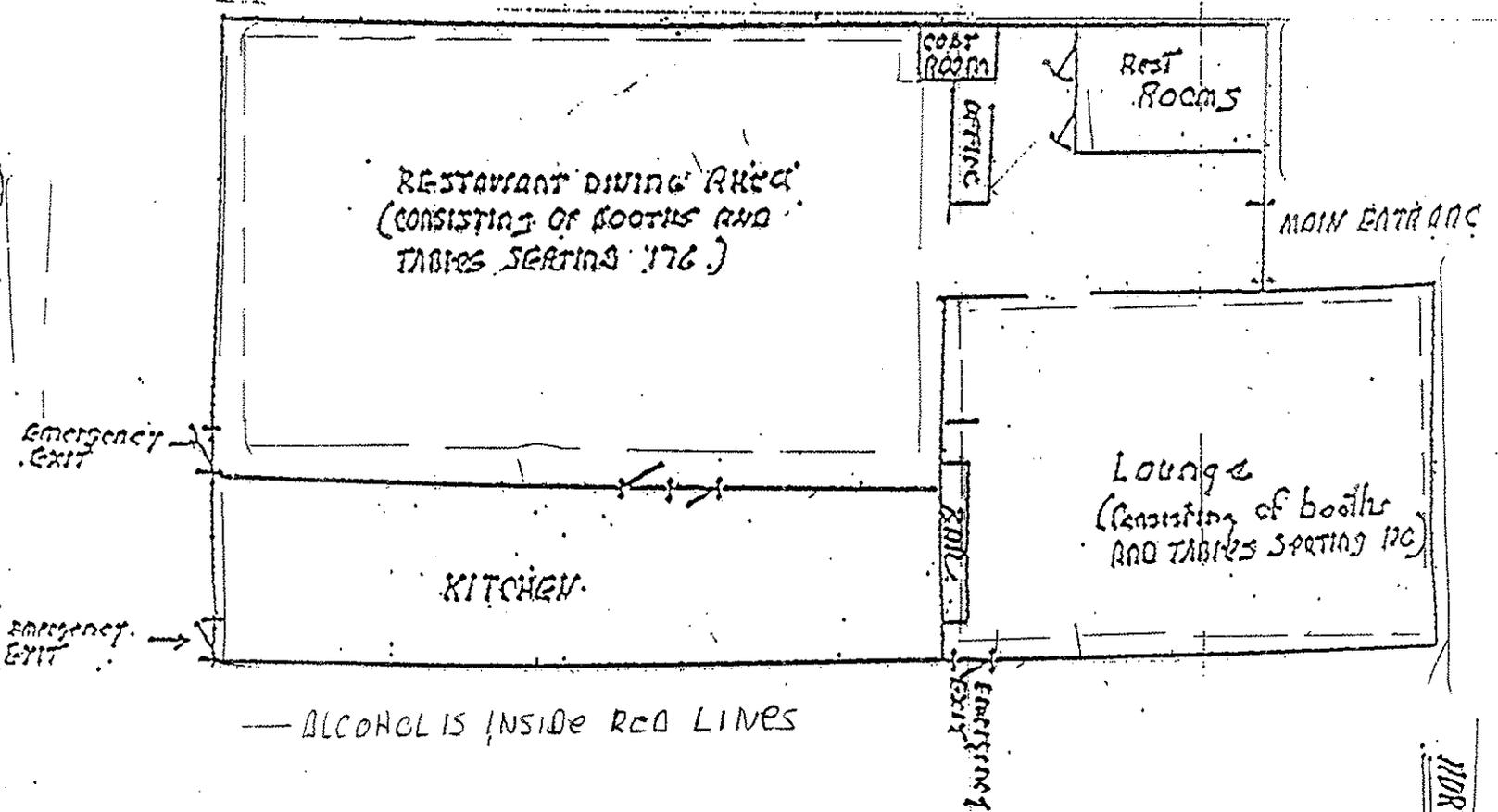
Upload Credit Card Authorization Form

2878.pdf

Mail Payments To:

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

Paradise of Bismarck, Inc



— ALCOHOL IS INSIDE RED LINES

Paradise of Bismarck, Inc.
LIQUOR LICENSE SITE DIAGRAM

NORTH

Print

Retail Alcohol Beverage License - Submission #23360

Date Submitted: 6/10/2024



License Information:

Application Type*

Renewal ▼

License Type*

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

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

Location Information:

Legal Business Name:*

Pirogue Grille, Inc

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

Pirogue Grille

Date of Incorporation:*

12/02/2004

State of ND Liquor License No.:

ND

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

- Yes
- No
- N/A

Location Address:*

121 N 4th St

City:*

BISMARCK

State:*

ND

Zip:*

58501-4002

Phone No.:*

7012233770

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

Stuart Tracy, President

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Stuart Tracy

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

BISMARCK

State:*

ND

Zip:*

58501-4002

Phone No.:*

[REDACTED]

Manager's Name:*

Cheryl Tracy

Date of Birth:*

[REDACTED]/1957

**Percentage of
Ownership:***

50

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

F

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Vice-President

Email Address:*

[Redacted]

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

Name:*

Cheryl Tracy

Date of Birth:*

[Redacted]/1957

Percentage of Ownership:*

50

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

F

Race:

White

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58504

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Manager

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Stuart Tracy

[Redacted]/1959

50

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

M

White

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

Bismarck

ND

58504

[Redacted]

Officer/Director/Stockholder Title:

Email Address:

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:

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

No file chosen

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- 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:

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- Yes
- No

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- Yes
- No

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- No
- N/A

If yes please, give details:

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- Yes
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If yes please, give details:

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- Yes
- No

If not please, explain why:

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Upload Gross Food Sales Report:

Pirogue Sales Tax Info - 23.pdf

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- 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:*

Dining Room - Bar 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:*

Stuart Tracy

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

Electronic Signature

Date:*

6/10/2024

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

Credit-Card-Authorization-Form-2024-License.pdf

Mail Payments To:

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

Print

Retail Alcohol Beverage License - Submission #23388

Date Submitted: 6/12/2024



License Information:

Application Type*

Renewal ▼

License Type*

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

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

Location Information:

Legal Business Name:*

TBM Group LLC

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

Polar Package Place/Lucky's Bar

Date of Incorporation:*

03-17-2020

State of ND Liquor License No.:

312896

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

- Yes
- No
- N/A

Location Address:*

2150 E Thayer Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7012588770

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

Jeff Jonson

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Jeff Jonson

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[REDACTED]

Manager's Name:*

Jeff Jonson

Date of Birth:*

[REDACTED]/1963

**Percentage of
Ownership:***

100

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:

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:*

luckys floor plan for alcohol license.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:*

Jeff Jonson

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

Electronic Signature

Date:*

6/12/2024

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

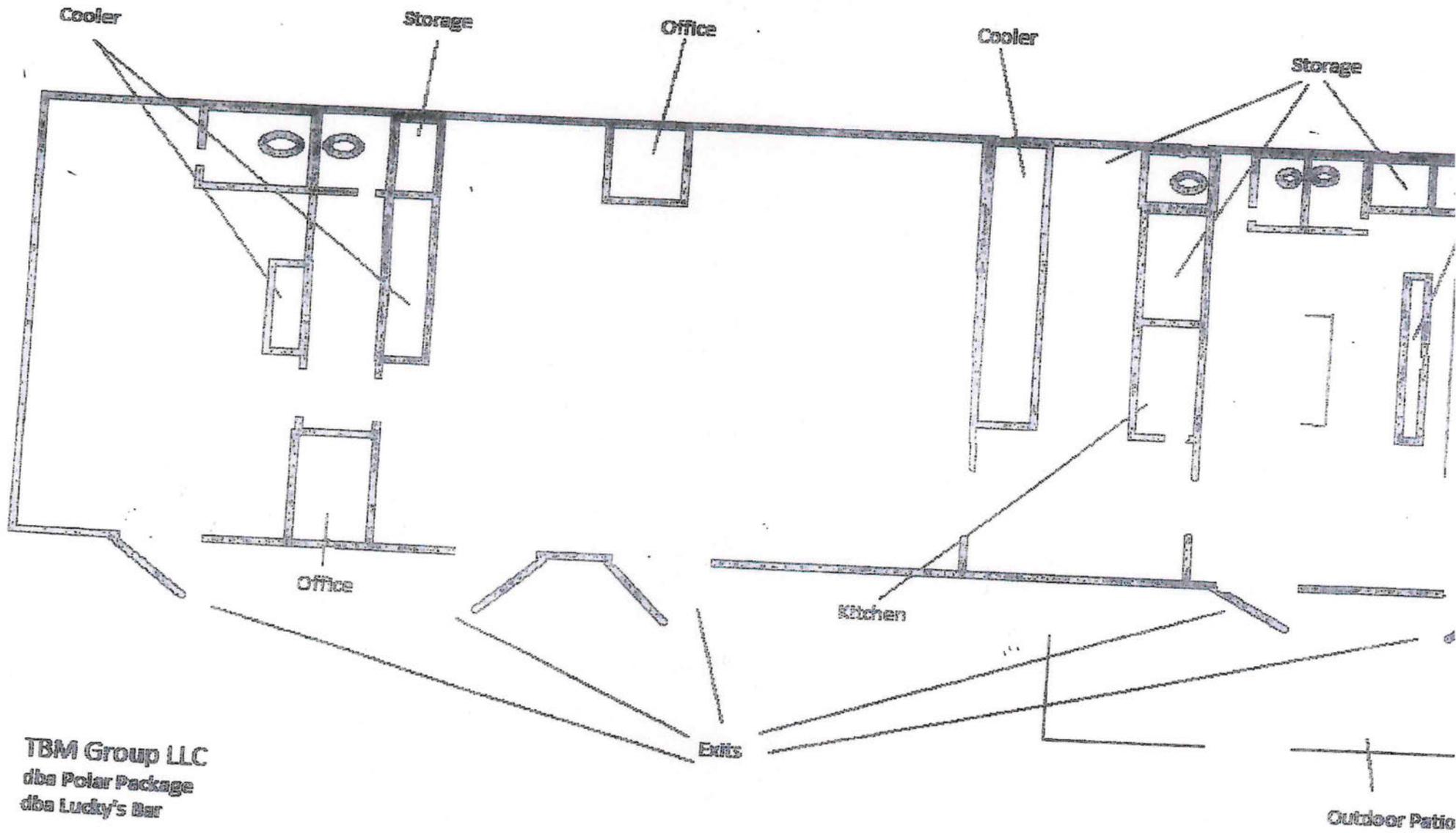
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

Choose File No file chosen

Mail Payments To:

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



TBM Group LLC
dba Polar Package
dba Lucky's Bar

Print

Retail Alcohol Beverage License - Submission #23236

Date Submitted: 6/2/2024



License Information:

Application Type*

Renewal

License Type*

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

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

Location Information:

Legal Business Name:*

E N T Sports, Inc.

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

Stadium Sports Bar & The Lodge

Date of Incorporation:*

9/2011

State of ND Liquor License No.:

AA-00655

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

- Yes
- No
- N/A

Location Address:*

1247 W Divide Ave

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

7012584677

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

Jody Olney, Treasurer

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Jody Olney

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[REDACTED]

Manager's Name:*

Danielle Borman

Date of Birth:*

[REDACTED]/1985

**Percentage of
Ownership:***

2

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

F

Race:

W

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Manager

Email Address:*

[Redacted]

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

Name:*

Jody Olney

Date of Birth:*

[Redacted]/1974

Percentage of Ownership:*

17.3

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

W

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58501

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Treasurer

[Redacted]

Name:

Date of Birth:

Percentage of Ownership:

Complete List Attached

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.

Shareholder Roster - City Liq Lic Renewal.xlsx

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:

Food, tobacco, non alcoholic beverages, and branded clothing. All things consistent with a typical bar.

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 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:*

Jody Olney

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

Electronic Signature

Date:*

6/2/2024

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

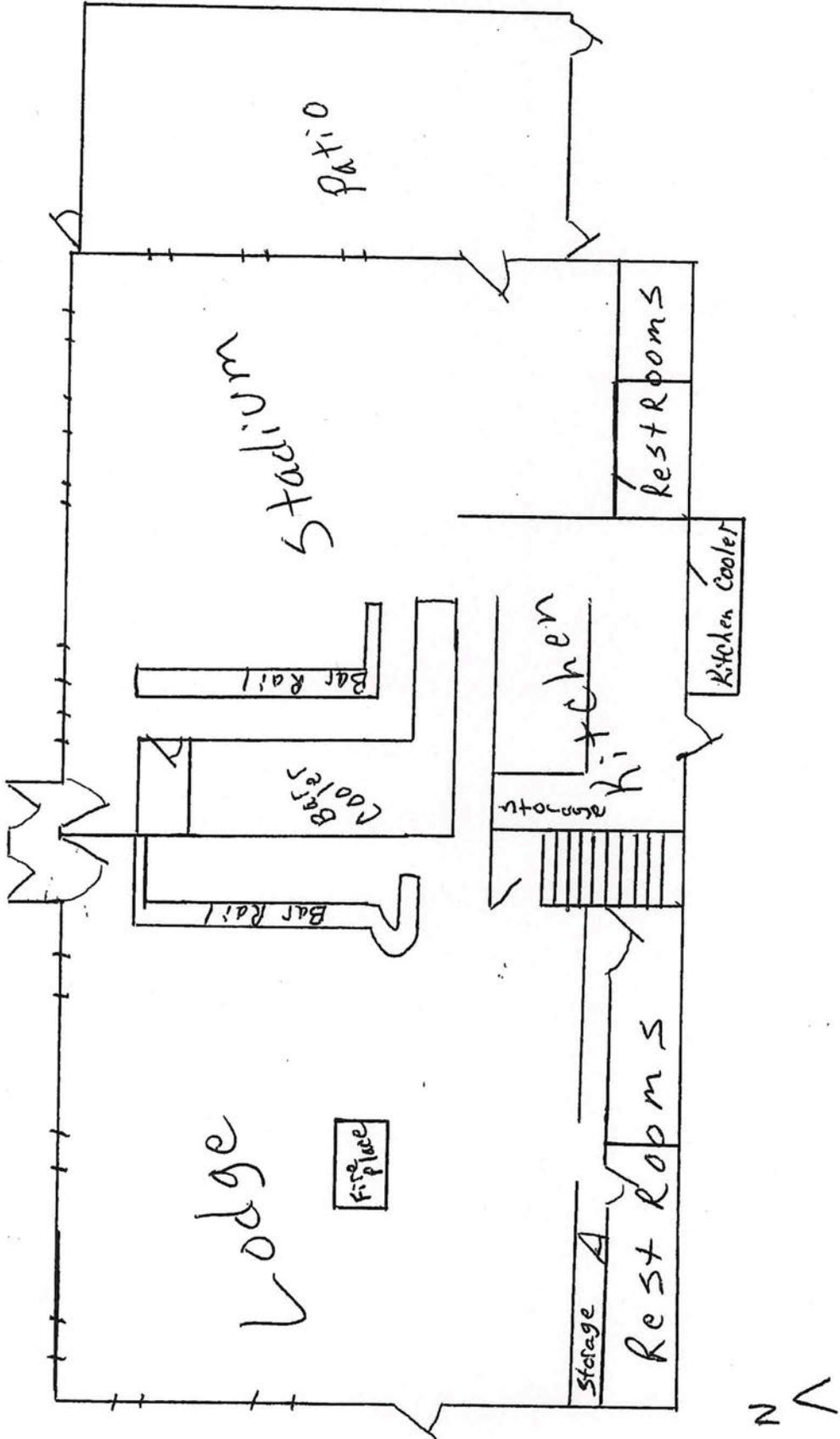
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

E N T CC Form.jpg

Mail Payments To:

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



ENT Sports, Inc.
 Stadium Sports Bar and the Lodge
 1247 W. Divide Ave., Bismarck ND 58501

Print

Retail Alcohol Beverage License - Submission #23359

Date Submitted: 6/10/2024



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:*

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

'NICKELS AND DIMES INCORPORATED'

TILT STUDIO

Date of Incorporation:*

09/01/1972

State of ND Liquor License No.:

AA-03868

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

- Yes
- No
- N/A

Location Address:*

600 S 5TH ST #2015 (641 KIRKWOOD MALL)

City:*

BISMARCK

State:*

ND

Zip:*

58701

Phone No.:*

701-333-7166

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

CRAIG SINGER, CHAIRMAN AND TREASURER

Contact Information (Where correspondence is to be sent):

Primary Contact:*

NICKELS AND DIMES INCORPORATED

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

CELINA

State:*

TX

Zip:*

75009

Phone No.:*

[REDACTED]

Manager's Name:*

CHRISTIAN ANTHONY

Date of Birth:*

[REDACTED]/2000

Percentage of Ownership:*

0

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

ND

M

W

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

MANDAN

ND

58554

[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:

CRAIG B SINGER

[Redacted]/1947

100

Driver's License No.:

State Issued:

Gender:

Race:

[Redacted]

TX

M

W

Home Address:

[Redacted]

City:

State:

Zip:

Phone No.:

CELINA

TX

75009

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

CHAIRMAN & TREASURER

[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.

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:

CHRISTIAN ANTHONY IS A RESIDENT OF NORTH DAKOTA AND THE USA
CRAIG B SINGER IS A RESIDENT OF TEXAS AND THE USA

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:

'NICKELS AND DIMES INCORPORATED' CURRENTLY HOLDS A LIQUOR LICENSE WITH THE STATE OF NORTH DAKOTA AND THE CITY OF MINOT FOR OUR MINOT, ND.

THERE ARE NO OTHER LICENSED LIQUOR RETAIL ESTABLISHMENTS THAT WE ARE INTERESTED IN.

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:

'NICKELS AND DIMES INCORPORATED' IS ALSO ENGAGED IN THE FAMILY ENTERTAINMENT CENTER AND FOOD SALES AT THIS LOCATION.

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:

2024.06.10 2023 ND SUMMARY RETRUN.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:*

CRAIG B SINGER

//

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

Date:*

6/10/2024

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](#)

No file chosen

Mail Payments To:

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

Print

Retail Alcohol Beverage License - Submission #23316

Date Submitted: 6/6/2024



License Information:

Application Type*

Renewal ▼

License Type*

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

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

Location Information:

Legal Business Name:*

Touchmark on West Century, LLC

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

Touchmark on West Century

Date of Incorporation:*

01/07/1998

State of ND Liquor License No.:

AA-03101

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

- Yes
- No
- N/A

Location Address:*

1000 West Century Avenue

City:*

Bismarck

State:*

ND

Zip:*

58503-0913

Phone No.:*

701-323-7000

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

Brian E. Pryor - Executive Vice President - Touchmark

Contact Information (Where correspondence is to be sent):

Primary Contact:*

Brian E. Pryor

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED]

City:*

Beaverton

State:*

OR

Zip:*

97005

Phone No.:*

[REDACTED]

Manager's Name:*

Destiny Sisk

Date of Birth:*

[REDACTED]/1994

**Percentage of
Ownership:***

NA

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

Female

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Executive Director

Email Address:*

[Redacted]

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

Name:*

Werner G. Nistler, Jr.

Date of Birth:*

[Redacted]/1946

Percentage of Ownership:*

Colleen & Werner Combined 83.577%

Driver's License No.:*

[Redacted]

State Issued:*

OR

Gender:

Male

Race:

Caucasian

Home Address:*

[Redacted]

City:*

Portland

State:*

OR

Zip:*

97225

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

Chairman

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Colleen T. Nistler

[REDACTED]/1959

Colleen & Werner
Combined 83.577%

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

OR

Female

Caucasian

Home Address:

[REDACTED]

City:

State:

Zip:

Phone No.:

Portland

OR

97225

[REDACTED]

Officer/Director/Stockholder Title:

Email Address:

Vice Chairman

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Marcus P. Breuer

[REDACTED]/1975

8.993%

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

OR

Male

Caucasian

Home Address:

[Redacted]

City:

Portland

State:

OR

Zip:

97221

Phone No.:

[Redacted]

Officer/Director/Stockholder Title:

CEO

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:

Touchmark owns and operates Senior Housing Retirement Communities in 10 states that serve and sell residents, their family and other bona fide visitors and guests.

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:*

TouchmarkWestCentury Floorplans 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:*

Brian E. Pryor, Executive Vice President - Touchmark

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

Electronic Signature

Date:*

6/6/2024

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

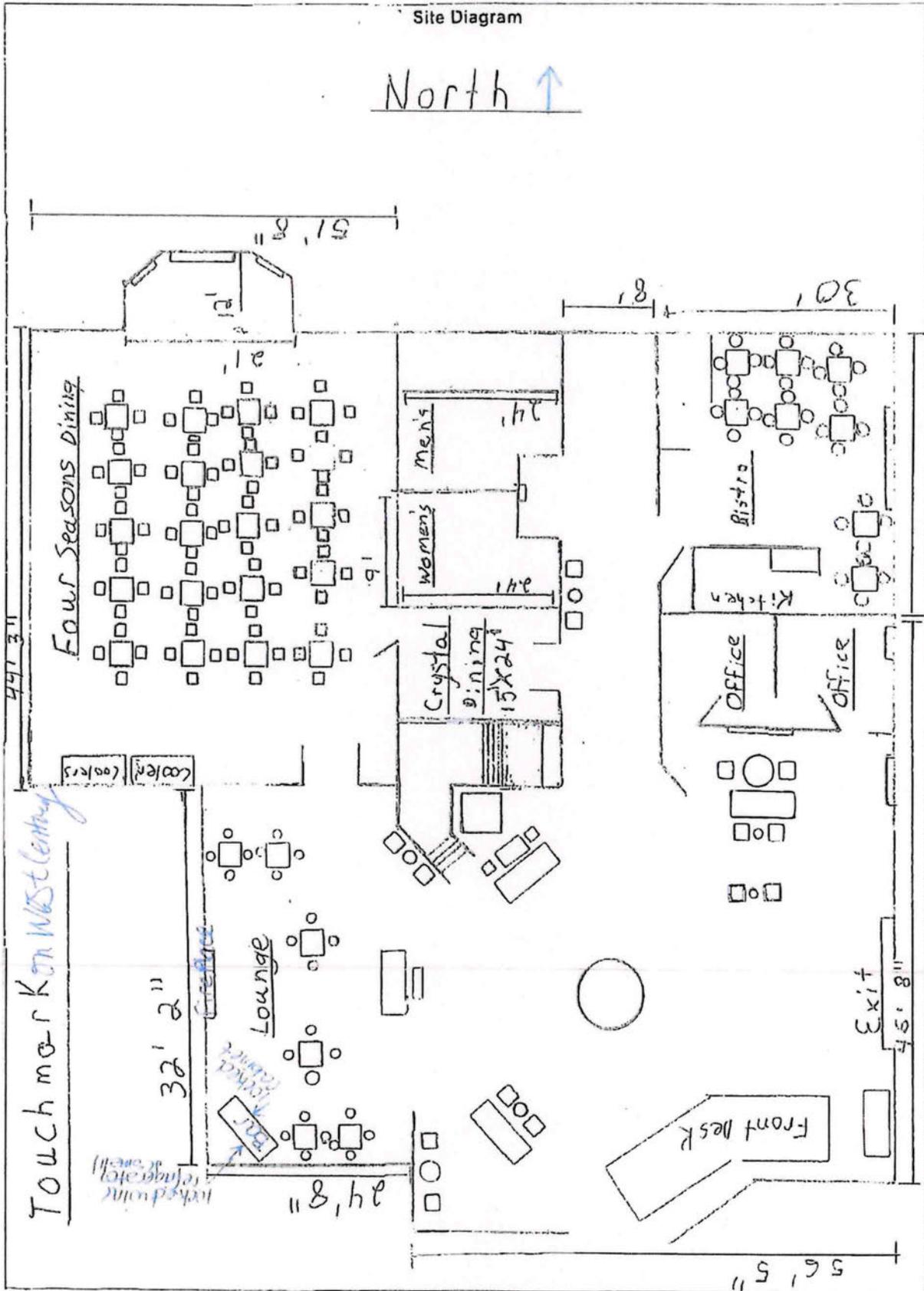
[Credit Card Authorization Form](#)

Upload Credit Card Authorization Form

BismarckCC Auth Form Touchmark.pdf

Mail Payments To:

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



lock red
stamps to
of liquor
refrigerator

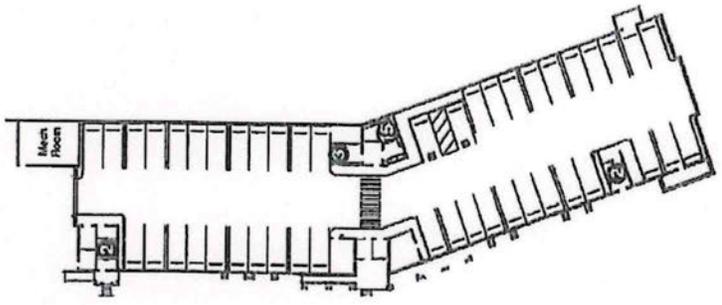
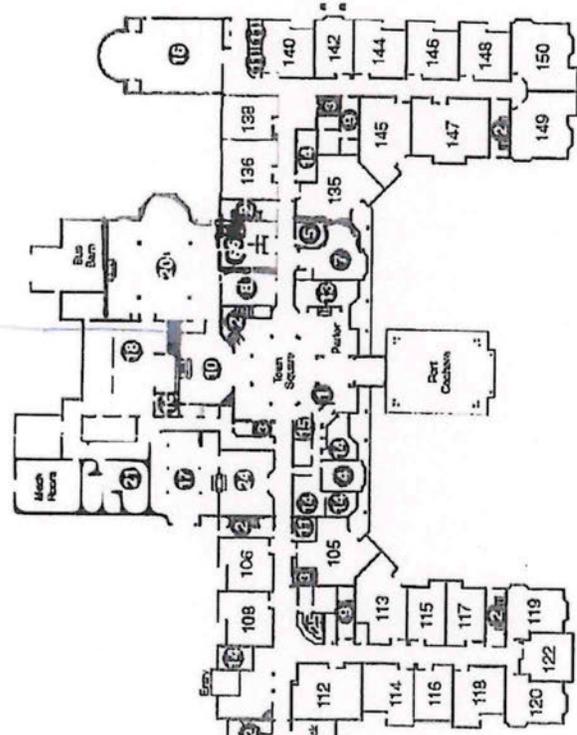
YORSHIRE



DEVONSHIRE



FIRST FLOOR
MAIN BUILDING



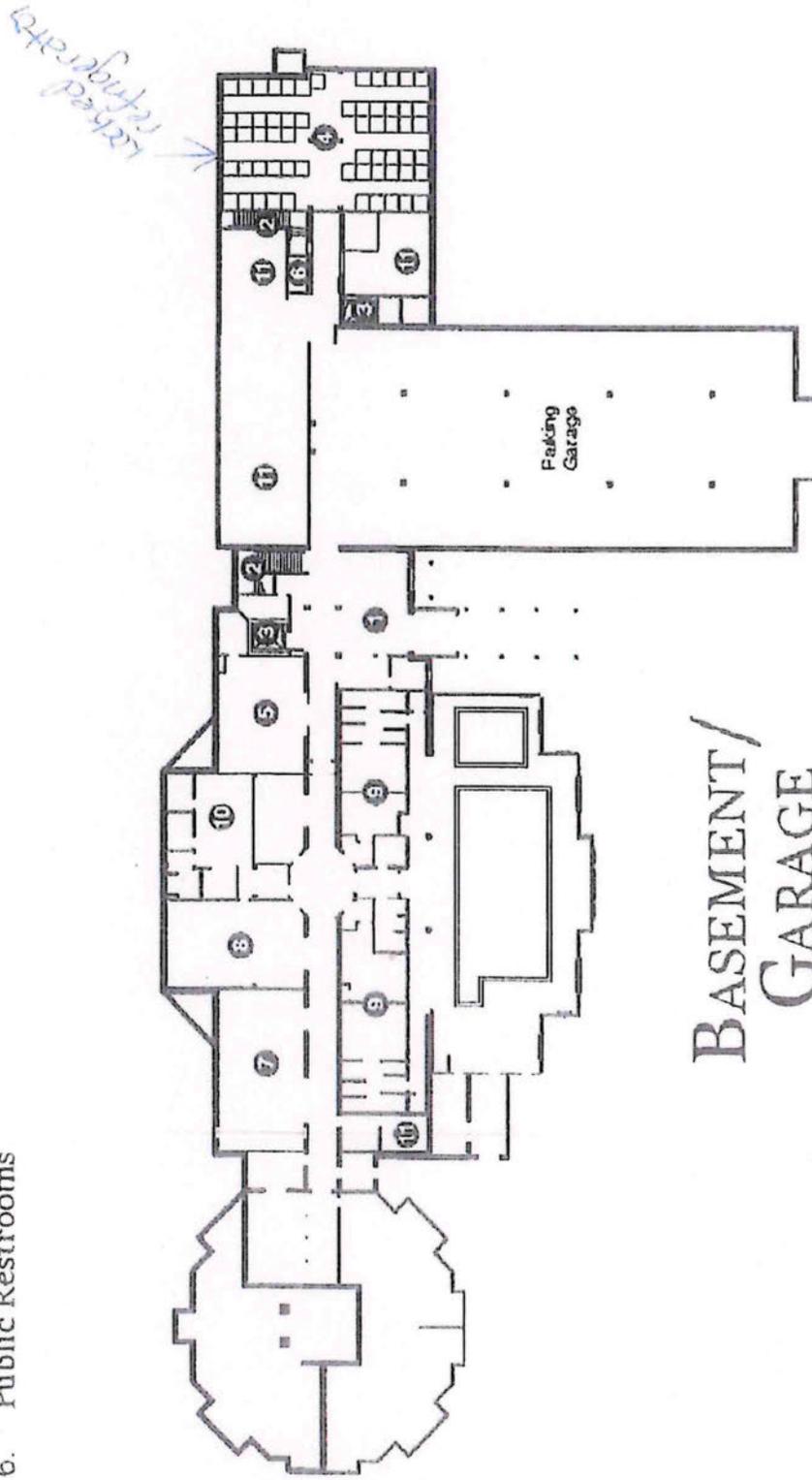
TOUCHMARK ON WEST CENTURY

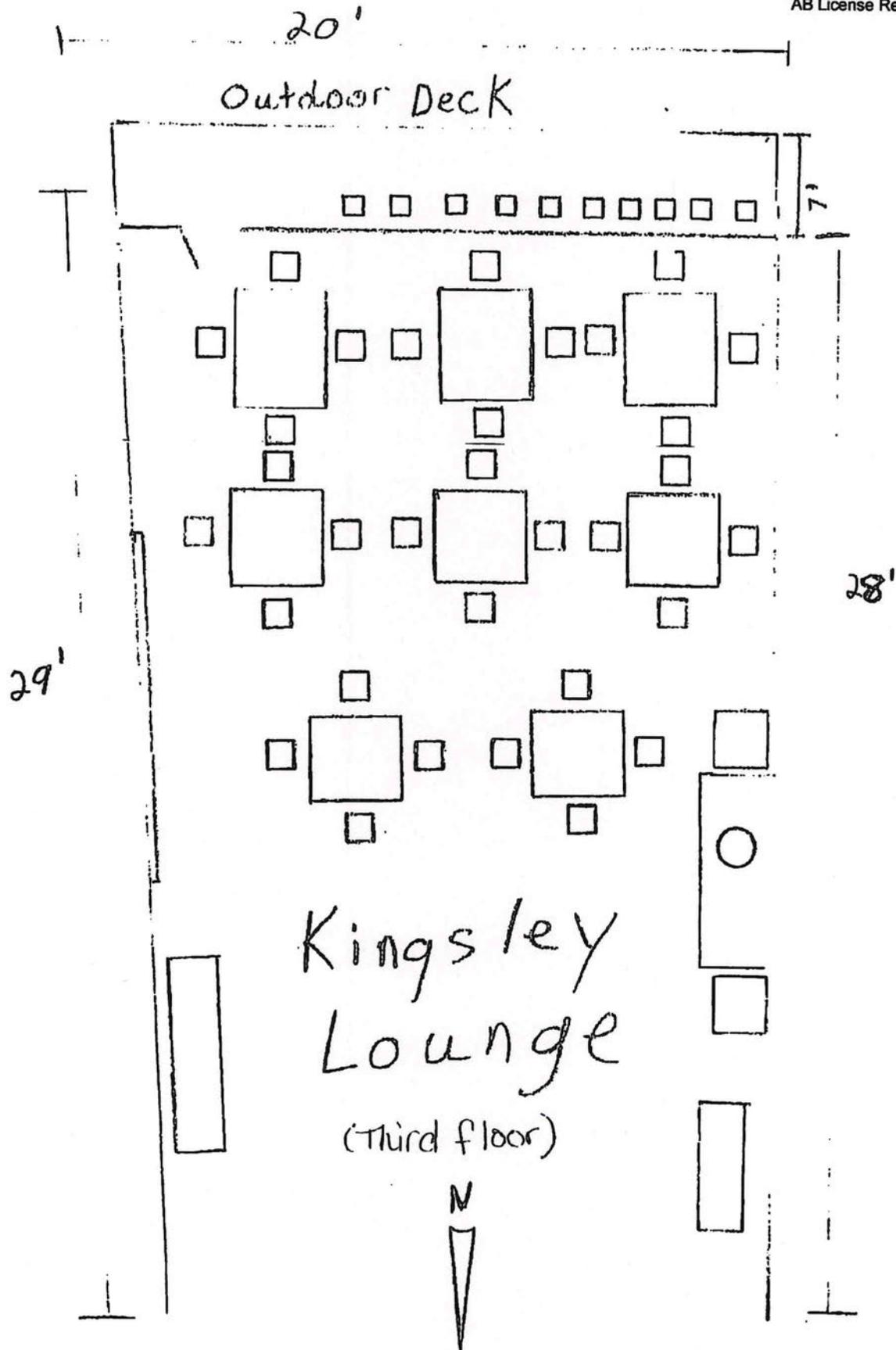
Main Building Locator Map

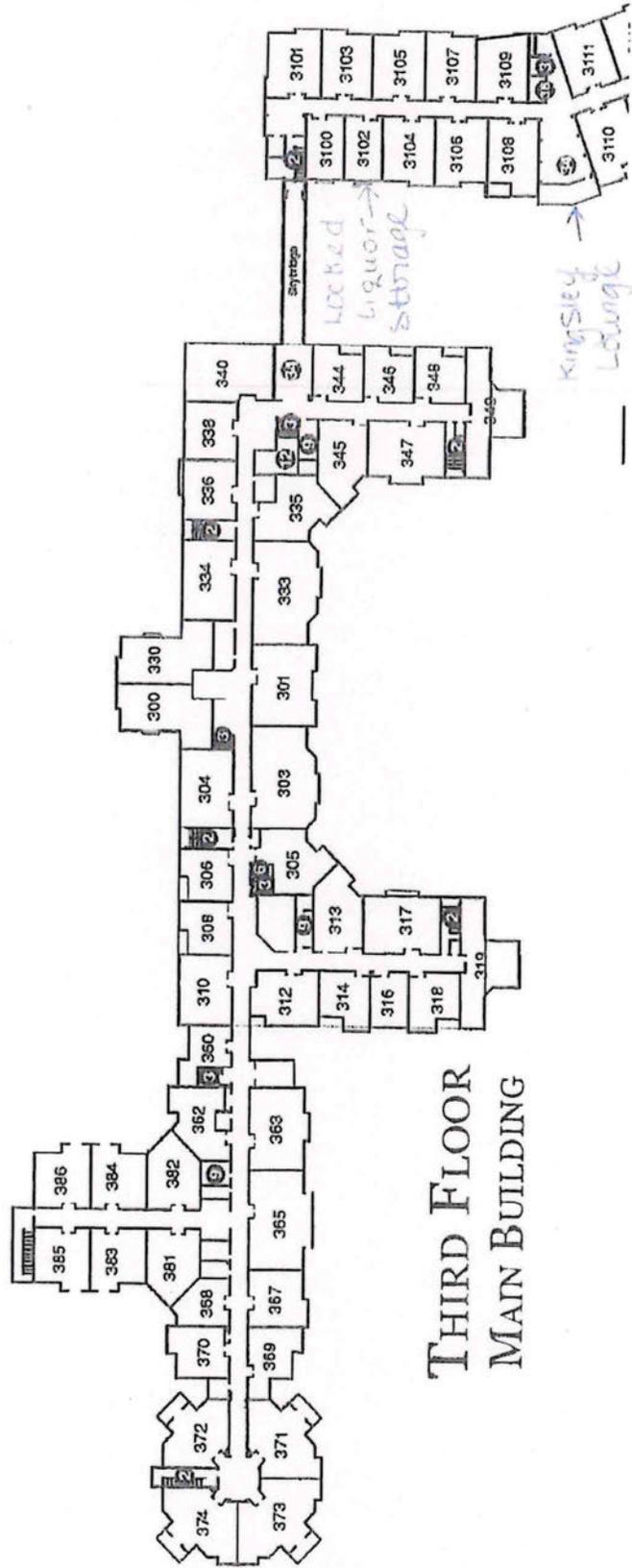
- | | |
|--|---------------------------------|
| 1. Reception | 19. Memory Care Gardens |
| 2. Stairs | 20. Four Seasons Dining Room |
| 3. Elevators | 21. Employee Lounge |
| 4. Sales Offices | 22. Creative Arts Room |
| 5. Discovery | 23. Respite/Recovery Suites |
| 6. Public Restrooms | 24. Living Room |
| 7. Coffee & More Store <i>Dishc</i> | 25. Reception (Assisted Living) |
| 8. Crystal Room | 26. Memory Care Dining Room |
| 9. Laundry | 27. Memory Care Activities Room |
| 10. Congregate Living Room <i>Lounge</i> | 28. Memory Care Servery |
| 11. Maintenance | 29. Memory Care Family Room |
| 12. Resident Storage Units | 30. Salon |
| 13. Conference Room | 31. Pharmacy |
| 14. Offices | 32. Library |
| 15. Post Office | 33. Hoyle Room |
| 16. Chapel/Theater | 34. Lounge |
| 17. Prairie Rose Dining Room | 35. Bather |
| 18. Kitchen <i>locked Refrigerator</i> | 36. Trash |

Basement/Garage Map Key

- | | |
|------------------------------------|------------------------------|
| 1. Health & Fitness Club Reception | 7. Aerobics |
| 2. Stairs | 8. Exercise Room |
| 3. Elevators | 9. Lockers |
| 4. Resident Storage Units | 10. Therapy Offices |
| 5. Massage | 11. Housekeeping/Maintenance |
| 6. Public Restrooms | |







Print

Retail Alcohol Beverage License - Submission #23354

Date Submitted: 6/10/2024



License Information:

Application Type*

Renewal ▼

License Type*

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

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

Location Information:

Legal Business Name:*

Williquors, Inc.

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

Williquors, Inc.

Date of Incorporation:*

05/15/2023

State of ND Liquor License No.:

ND

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

- Yes
- No
- N/A

Location Address:*

3025 Yorktown Dr, Bismarck, ND, 58503

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

701-751-7373

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

William Klein

Contact Information (Where correspondence is to be sent):

Primary Contact:*

William J. Klein

Email Address:*

[REDACTED]

Mailing Address:*

[REDACTED], Bismarck, ND, 58503

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[REDACTED]

Manager's Name:*

William J. Klein

Date of Birth:*

[REDACTED]/1969

Percentage of Ownership:*

50.86840%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

W

Home Address:*

[Redacted], Bismarck, ND, 58503

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

President

Email Address:*

[Redacted]

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

Name:*

William Klein

Date of Birth:*

[Redacted]/1969

Percentage of Ownership:*

50.86840%

Driver's License No.:*

[Redacted]

State Issued:*

ND

Gender:

M

Race:

W

Home Address:*

[Redacted], Bismarck, ND, 58503

City:*

Bismarck

State:*

ND

Zip:*

58503

Phone No.:*

[Redacted]

Officer/Director/Stockholder Title:*

Email Address:

President

[REDACTED]

Name:

Date of Birth:

Percentage of Ownership:

Thomas A Klein

[REDACTED]/1967

17.93490%

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

ND

M

W

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:

Troy S. Matthiesen

[REDACTED]/1973

17.93490%

Driver's License No.:

State Issued:

Gender:

Race:

[REDACTED]

ND

M

W

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.

Owner.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:

Sioux Falls, 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:

Food, small miscellaneous items. Retail

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:*

Site Map.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:*

William Klein



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

Electronic Signature

Date:*

6/10/2024

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



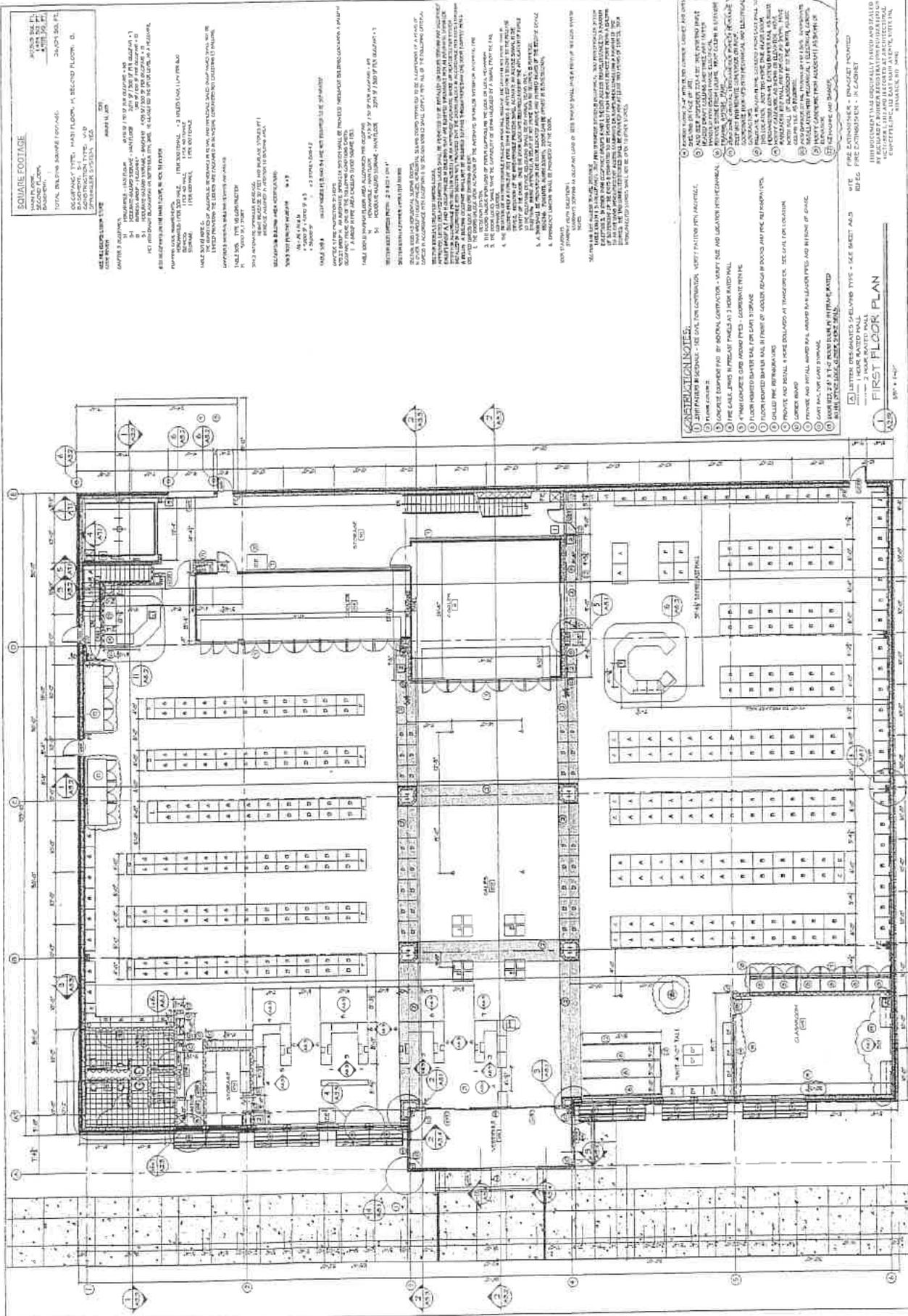
GEE WILLIAMS LIQUOR STORE
 2001 PORTLAND DRIVE
 SUITE 100 NORTH DAKOTA
 GRAND FORK, ND 58203

GEE WILLIAMS LIQUOR STORE
 2001 PORTLAND DRIVE
 SUITE 100 NORTH DAKOTA
 GRAND FORK, ND 58203

FLOOR PLAN



SHEET
A2.1R
OF 17



SQUARE FOOTAGE
 TOTAL BUILDING SQUARE FOOTAGE: 30,000 SQ. FT.
 TOTAL FINISHED SQUARE FOOTAGE: 28,000 SQ. FT.
 TOTAL EXTERIOR SQUARE FOOTAGE: 2,000 SQ. FT.

CONSTRUCTION NOTES:
 1. REFER TO ALL NOTES ON SHEETS A2.1R THROUGH A2.1S.
 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE 2018 INTERNATIONAL BUILDING CODE (IBC).
 3. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT.
 4. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
 5. ALL WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.

GENERAL NOTES:
 1. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.
 2. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.
 3. THE CONTRACTOR SHALL PROTECT ALL EXISTING UTILITIES AND STRUCTURES.
 4. THE CONTRACTOR SHALL MAINTAIN A NEAT AND SAFE WORKING SITE.
 5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND REPAIR OF ALL ADJACENT PROPERTIES.

FINISHES:
 FLOORING: POLISHED CONCRETE
 WALLS: PLYMOUTH SHEATHING WITH VINYL COMPOUND
 CEILING: POP CEILING
 PAINT: PRIMER AND FINISH PAINT

MECHANICAL:
 HEATING: GAS FORCED AIR FURNACE
 COOLING: AIR CONDITIONING
 VENTILATION: MECH. EXHAUST FANS

ELECTRICAL:
 ALL ELECTRICAL WORK SHALL BE IN ACCORDANCE WITH THE 2017 NATIONAL ELECTRICAL CODE (NEC).
 ALL ELECTRICAL WORK SHALL BE PERFORMED BY A LICENSED ELECTRICIAN.
 ALL ELECTRICAL WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.

PLUMBING:
 ALL PLUMBING WORK SHALL BE IN ACCORDANCE WITH THE 2018 INTERNATIONAL PLUMBING CODE (IPC).
 ALL PLUMBING WORK SHALL BE PERFORMED BY A LICENSED PLUMBER.
 ALL PLUMBING WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.

CONSTRUCTION NOTES:
 1. REFER TO ALL NOTES ON SHEETS A2.1R THROUGH A2.1S.
 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE 2018 INTERNATIONAL BUILDING CODE (IBC).
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 1. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.
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FINISHES:
 FLOORING: POLISHED CONCRETE
 WALLS: PLYMOUTH SHEATHING WITH VINYL COMPOUND
 CEILING: POP CEILING
 PAINT: PRIMER AND FINISH PAINT

MECHANICAL:
 HEATING: GAS FORCED AIR FURNACE
 COOLING: AIR CONDITIONING
 VENTILATION: MECH. EXHAUST FANS

ELECTRICAL:
 ALL ELECTRICAL WORK SHALL BE IN ACCORDANCE WITH THE 2017 NATIONAL ELECTRICAL CODE (NEC).
 ALL ELECTRICAL WORK SHALL BE PERFORMED BY A LICENSED ELECTRICIAN.
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 ALL PLUMBING WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.

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 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE 2018 INTERNATIONAL BUILDING CODE (IBC).
 3. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT.
 4. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
 5. ALL WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.

GENERAL NOTES:
 1. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.
 2. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.
 3. THE CONTRACTOR SHALL PROTECT ALL EXISTING UTILITIES AND STRUCTURES.
 4. THE CONTRACTOR SHALL MAINTAIN A NEAT AND SAFE WORKING SITE.
 5. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION AND REPAIR OF ALL ADJACENT PROPERTIES.

FINISHES:
 FLOORING: POLISHED CONCRETE
 WALLS: PLYMOUTH SHEATHING WITH VINYL COMPOUND
 CEILING: POP CEILING
 PAINT: PRIMER AND FINISH PAINT

MECHANICAL:
 HEATING: GAS FORCED AIR FURNACE
 COOLING: AIR CONDITIONING
 VENTILATION: MECH. EXHAUST FANS

ELECTRICAL:
 ALL ELECTRICAL WORK SHALL BE IN ACCORDANCE WITH THE 2017 NATIONAL ELECTRICAL CODE (NEC).
 ALL ELECTRICAL WORK SHALL BE PERFORMED BY A LICENSED ELECTRICIAN.
 ALL ELECTRICAL WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.

PLUMBING:
 ALL PLUMBING WORK SHALL BE IN ACCORDANCE WITH THE 2018 INTERNATIONAL PLUMBING CODE (IPC).
 ALL PLUMBING WORK SHALL BE PERFORMED BY A LICENSED PLUMBER.
 ALL PLUMBING WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.

CONSTRUCTION NOTES:
 1. REFER TO ALL NOTES ON SHEETS A2.1R THROUGH A2.1S.
 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 INTERNATIONAL RESIDENTIAL CODE BOOK (IRC) AND THE 2018 INTERNATIONAL BUILDING CODE (IBC).
 3. ALL MATERIALS SHALL BE APPROVED BY THE ARCHITECT.
 4. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.
 5. ALL WORK SHALL BE SUBJECT TO INSPECTION AND APPROVAL BY THE ARCHITECT.

GENERAL NOTES:
 1. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL AUTHORITIES.
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 FLOORING: POLISHED CONCRETE
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 CEILING: POP CEILING
 PAINT: PRIMER AND FINISH PAINT

MECHANICAL:
 HEATING: GAS FORCED AIR FURNACE
 COOLING: AIR CONDITIONING
 VENTILATION: MECH. EXHAUST FANS



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 checked="" 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 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: NHS LLC		Date of Incorporation: 07/11/2008	State Business ID Number: 0000037248
Doing Business As (DBA) Name, if Applicable: Wingate by Wyndham Bismarck		If out of state corporation, is corporation registered in North Dakota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Location Address: 1421 Skyline Blvd	City: Bismarck	State: ND	Zip: 58503
		Phone Number: 701-751-2373	
Name and Title of Person Completing Form (must be the person listed in ownership information or manager): Sarah Koustrup, Partner			

Contact Information (Where correspondence is to be sent):

Primary Contact: Sarah Koustrup		Phone Number: [REDACTED]	Email Address: [REDACTED]
Mailing Address: [REDACTED]		City: Fargo	State: ND
		Zip: 58103	

Manager's Name: Sarah Koustrup		Date of Birth: [REDACTED] 1980	Percentage of Ownership: 10%
Driver's License Number: [REDACTED]		State Issued: ND	Gender: Female
		Race: Caucasian	
Home Address: [REDACTED]		City: Fargo	State: ND
		Zip: 58104	
Occupation: Hotel Management	Phone Number: [REDACTED]	Title: President	Email Address: [REDACTED]

List all officers or directors of corporation or partners and percentage of ownership:

Name: Norman Leslie		Date of Birth: [REDACTED] 1966	Percentage of Ownership: 90%
Driver's License Number: [REDACTED]		State Issued: ND	Gender: M
Home Address: [REDACTED]		City: Fargo	Race: Caucasian
Occupation: Hotel Mgmt		State: ND	Zip: 58104
Phone Number: [REDACTED]	Title: CEO	Email Address: [REDACTED]	

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:
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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:
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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:
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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:
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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:
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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:
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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: Norman Leslie and Sarah Koustrup are liquor license holders in various hotels throughout the US.
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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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please give details: Own and manage hotels across the US.
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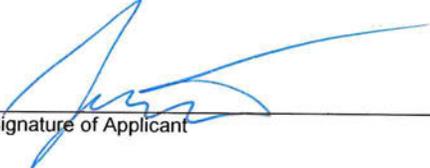
11. Have all property taxes and special assessments currently due been paid? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If no, please give details:
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Signature:

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

6-4-24
Date

Sarah Kastrup, President
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

